

CareFirst Exchange Formulary

2023

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for:

- Individuals or families purchasing their own plan, and
- Members of an employer group with less than 51 employees purchasing a plan
- Members with a student health plan

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit [carefirst.com/rx](https://www.carefirst.com/rx).

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of five drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing “CTRL” and “F” at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain

drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.

- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at carefirst.com/myaccount and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: \$0 Drugs	<ul style="list-style-type: none"> ■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none"> ■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none"> ■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs \$\$\$	<ul style="list-style-type: none"> ■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

5T Fertility Modified Effective 12/01/2023

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS

COX-2 INHIBITORS

<i>celecoxib cap 50 mg</i>	Tier 1	
<i>celecoxib cap 100 mg</i>	Tier 1	
<i>celecoxib cap 200 mg</i>	Tier 1	

GOUT

<i>allopurinol tab 100 mg</i>	Tier 1	
<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine tab 0.6 mg</i>	Tier 1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
<i>febuxostat tab 40 mg</i>	Tier 1	ST; PA**
<i>febuxostat tab 80 mg</i>	Tier 1	ST; PA**
<i>probenecid tab 500 mg</i>	Tier 1	

NSAIDS, COMBINATIONS§

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 1	

NSAIDS§

<i>diclofenac potassium tab 50 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	
<i>etodolac cap 200 mg</i>	Tier 1	
<i>etodolac cap 300 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	
<i>etodolac tab 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 400 mg</i>	Tier 1	
<i>etodolac tab er 24hr 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 600 mg</i>	Tier 1	
<i>fenoprofen calcium tab 600 mg</i>	Tier 3	
<i>flurbiprofen tab 50 mg</i>	Tier 1	
<i>flurbiprofen tab 100 mg</i>	Tier 1	
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 400 mg</i>	Tier 1	
<i>ibuprofen tab 600 mg</i>	Tier 1	
<i>ibuprofen tab 800 mg</i>	Tier 1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	M	M
<i>ketorolac tromethamine inj 15 mg/ml</i>	M	M
<i>ketorolac tromethamine inj 30 mg/ml</i>	M	M
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	Tier 1	
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	
<i>mefenamic acid cap 250 mg</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	
<i>nabumetone tab 750 mg</i>	Tier 1	
<i>naproxen tab 250 mg</i>	Tier 1	
<i>naproxen tab 375 mg</i>	Tier 1	
<i>naproxen tab 500 mg</i>	Tier 1	
<i>oxaprozin tab 600 mg</i>	Tier 1	
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	
<i>tolmetin sodium cap 400 mg</i>	Tier 1	
<i>tolmetin sodium tab 600 mg</i>	Tier 1	

OPIOID ANALGESICS§

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	ST, QL (400 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Tier 1	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate inj 1 mg/ml</i>	M	M
<i>butorphanol tartrate inj 2 mg/ml</i>	M	M
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	Tier 3	ST, QL (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>codeine sulfate tab 30 mg</i>	Tier 1	ST, QL (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 2.5-325</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 5-325mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>endocet tab 7.5-325</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 10-325mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	ST, QL (50 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl inj 2 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10 mg/ml</i>	Tier 1	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	ST, QL (225 mL every 30 days)
<i>methadone hcl tab 5 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>methadone hcl tab for oral susp 40 mg</i>	Tier 1	QL (9 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride i</i>	Tier 1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	Tier 1	QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	M	M
<i>morphine sulfate iv soln 10 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	ST, QL (675 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	ST, QL (135 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab 15 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab 30 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab er 15 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	M	M
<i>nalbuphine hcl inj 20 mg/ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TAB 50MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	Tier 2	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 75MG	Tier 2	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 100MG	Tier 2	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl cap 5 mg</i>	Tier 1	ST, QL (180 caps every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	ST, QL (90 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 5 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 10 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 15 mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 20 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 30 mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 1	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab 5 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab 10 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 11

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	ST, QL (40 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
XTAMPZA ER CAP 9MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	Tier 2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS§		
BELBUCA MIS 75MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 150MCG	Tier 2	ST, QL (60 films every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 300MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	M	M
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	Tier 4	
SUBLOCADE INJ 300/1.5	Tier 4	
SALICYLATES		
<i>aspirin enteric coated ad</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	Tier 1	
<i>goodsense aspirin</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl local inj 0.5%</i>	M	M
<i>lidocaine hcl local inj 1%</i>	M	M
<i>lidocaine hcl local inj 2%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	M	M
ANTI-INFECTIVES		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	Tier 3	QL (336 tabs every 365 days)
EMVERM CHW 100MG	Tier 3	QL (12 tabs every 365 days)
<i>ivermectin tab 3 mg</i>	Tier 1	
<i>praziquantel tab 600 mg</i>	Tier 1	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	Tier 1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	Tier 1	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 1	
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>paromomycin sulfate cap 250 mg</i>	Tier 1	
<i>sulfadiazine tab 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>tinidazole tab 250 mg</i>	Tier 1	
<i>tinidazole tab 500 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate for inj 1.2 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	Tier 1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	Tier 1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days

ANTIFUNGALS

<i>amphotericin b for iv soln 50 mg</i>	M	M
CRESEMBA CAP 74.5MG	Tier 3	
CRESEMBA CAP 186 MG	Tier 3	
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	
<i>fluconazole tab 100 mg</i>	Tier 1	
<i>fluconazole tab 150 mg</i>	Tier 1	
<i>fluconazole tab 200 mg</i>	Tier 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize tab 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 1	
<i>itraconazole cap 100 mg</i>	Tier 1	PA
<i>itraconazole oral soln 10 mg/ml</i>	Tier 1	PA
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>posaconazole susp 40 mg/ml</i>	Tier 1	PA
<i>posaconazole tab delayed release 100 mg</i>	Tier 3	PA
<i>terbinafine hcl tab 250 mg</i>	Tier 1	
<i>voriconazole for susp 40 mg/ml</i>	Tier 3	PA
<i>voriconazole tab 50 mg</i>	Tier 3	PA
<i>voriconazole tab 200 mg</i>	Tier 3	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	
COARTEM TAB 20-120MG	Tier 3	
<i>mefloquine hcl tab 250 mg</i>	Tier 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	
<i>quinine sulfate cap 324 mg</i>	Tier 1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs every 30 days)
APTIVUS CAP 250MG	Tier 2	QL (120 caps every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps every 30 days)
<i>darunavir tab 600 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	Tier 1	QL (30 tabs every 30 days)
EDURANT TAB 25MG	Tier 2	QL (60 tabs every 30 days)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	Tier 1	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	Tier 2	QL (680 ml every 28 days)
<i>etravirine tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QL (120 tabs every 30 days)
FUZEON INJ 90MG	Tier 4	PA, QL (60 vials every 30 days)
INTELENCE TAB 25MG	Tier 2	QL (120 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHW 25MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	Tier 2	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	Tier 2	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	Tier 2	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs every 30 days)
LEXIVA SUS 50MG/ML	Tier 2	QL (1575 mL every 28 days)
<i>maraviroc tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs every 30 days)
NORVIR POW 100MG	Tier 2	QL (360 packets every 30 days)
NORVIR SOL 80MG/ML	Tier 2	QL (480 mL every 30 days)
PREZISTA SUS 100MG/ML	Tier 2	QL (400 ml every 30 days)
PREZISTA TAB 75MG	Tier 2	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	Tier 2	QL (180 tabs every 30 days)
PREZISTA TAB 600MG	Tier 2	QL (60 tabs every 30 days)
PREZISTA TAB 800MG	Tier 2	QL (30 tabs every 30 days)
RETROVIR INJ 10MG/ML	M	M
REYATAZ POW 50MG	Tier 2	QL (180 packets every 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 17

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOL 20MG/ML	Tier 2	QL (1840 mL every 30 days)
SELZENTRY TAB 25MG	Tier 2	QL (240 tabs every 30 days)
SELZENTRY TAB 75MG	Tier 2	QL (60 tabs every 30 days)
<i>stavudine cap 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>stavudine cap 20 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>stavudine cap 30 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>stavudine cap 40 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	Tier 2	QL (360 tabs every 30 days)
TIVICAY TAB 10MG	Tier 2	QL (240 tabs every 30 days)
TIVICAY TAB 25MG	Tier 2	QL (60 tabs every 30 days)
TIVICAY TAB 50MG	Tier 2	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	M	M
TYBOST TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIRACEPT TAB 250MG	Tier 2	QL (300 tabs every 30 days)
VIRACEPT TAB 625MG	Tier 2	QL (120 tabs every 30 days)
VIREAD POW 40MG/GM	Tier 2	QL (240 gm every 30 days)
VIREAD TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 200MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 250MG	Tier 2	QL (30 tabs every 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1920 ml every 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
BIKTARVY TAB	Tier 2	QL (30 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 18

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
CIMDUO TAB 300-300	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	Tier 2	PA, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	Tier 2	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis
EVOTAZ TAB 300-150	Tier 2	QL (30 tabs every 30 days)
GENVOYA TAB	Tier 2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	QL (120 tabs every 30 days)
ODEFSEY TAB	Tier 2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	Tier 2	QL (30 tabs every 30 days)
SYMTUZA TAB	Tier 3	QL (30 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD TAB	Tier 3	QL (180 tabs every 30 days)
TRIUMEQ TAB	Tier 3	QL (30 tabs every 30 days)

ANTITUBERCULAR AGENTS

<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid inj 100 mg/ml</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM	Tier 3	
PRIFTIN TAB 150MG	Tier 2	
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
<i>rifampin for inj 600 mg</i>	Tier 1	
SIRTURO TAB 20MG	Tier 5	PA
SIRTURO TAB 100MG	Tier 5	PA
TRECTOR TAB 250MG	Tier 2	

ANTIVIRALS§

<i>acyclovir cap 200 mg</i>	Tier 1	
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	
<i>acyclovir tab 400 mg</i>	Tier 1	
<i>acyclovir tab 800 mg</i>	Tier 1	
<i>adefovir dipivoxil tab 10 mg</i>	Tier 4	
BARACLUDE SOL	Tier 4	PA, QL (630 mL every 30 days)
<i>cidofovir iv inj 75 mg/ml</i>	M	M
<i>entecavir tab 0.5 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
EPIVIR HBV SOL 5MG/ML	Tier 2	
<i>famciclovir tab 125 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir tab 250 mg</i>	Tier 1	
<i>famciclovir tab 500 mg</i>	Tier 1	
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE	Tier 2	QL (2 inhalers every 90 days)
<i>ribavirin for inhal soln 6 gm</i>	M	M
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA, QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA, QL (120 tabs every 30 days)
VEMLIDY TAB 25MG	Tier 3	PA, QL (30 tabs every 30 days)

CEPHALOSPORINS

<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	
<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cefazolin sodium for inj 1 gm</i>	Tier 1	
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	
<i>cefepime hcl for inj 1 gm</i>	Tier 1	
<i>cefepime hcl for iv soln 2 gm</i>	Tier 1	
<i>cefixime cap 400 mg</i>	Tier 1	
<i>cefixime for susp 100 mg/5ml</i>	Tier 1	
<i>cefixime for susp 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>ceftazidime for iv soln 2 gm</i>	Tier 1	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 2 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 10 gm</i>	Tier 1	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 250 mg</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for inj 500 mg</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 1 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium for iv soln 2 gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 22

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin cap 750 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	
<i>cephalexin tab 250 mg</i>	Tier 1	
<i>cephalexin tab 500 mg</i>	Tier 1	
SUPRAX CHW 100MG	Tier 2	
SUPRAX CHW 200MG	Tier 2	
SUPRAX SUS 500/5ML	Tier 2	
<i>tazicef</i>	Tier 1	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	
<i>azithromycin tab 250 mg</i>	Tier 1	
<i>azithromycin tab 500 mg</i>	Tier 1	
<i>azithromycin tab 600 mg</i>	Tier 1	
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
<i>clarithromycin tab er 24hr 500 mg</i>	Tier 1	
DIFICID SUS	Tier 2	PA
DIFICID TAB 200MG	Tier 2	PA
<i>ery-tab</i>	Tier 1	
<i>erythrocin stearate</i>	Tier 1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 1	
<i>erythromycin tab 250 mg</i>	Tier 1	
<i>erythromycin tab 500 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Tier 1	
FLUOROQUINOLONES		
BAXDELA TAB 450MG	Tier 3	
CIPRO (10%) SUS 500MG/5	Tier 3	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin iv soln 25 mg/ml</i>	Tier 1	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	
<i>ofloxacin tab 300 mg</i>	Tier 1	
<i>ofloxacin tab 400 mg</i>	Tier 1	
HEPATITIS C		
EPCLUSA PAK 150-37.5	Tier 4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	Tier 4	PA, QL (28 pellets every 28 days)
EPCLUSA TAB 200-50MG	Tier 4	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI PAK	Tier 4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	Tier 4	PA, QL (28 pellets every 28 days)
HARVONI TAB 45-200MG	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	Tier 4	PA, QL (28 tabs every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS INJ	Tier 4	PA
PEGASYS INJ 180MCG/M	Tier 4	PA
<i>ribavirin cap 200 mg</i>	Tier 1	PA
<i>ribavirin tab 200 mg</i>	Tier 1	PA
SOVALDI PAK 150MG	Tier 5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	Tier 5	ST, PA, QL (28 pellets every 28 days)
SOVALDI TAB 200MG	Tier 5	ST, PA, QL (28 tabs every 28 days)
SOVALDI TAB 400MG	Tier 5	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	Tier 4	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG	Tier 5	ST, PA, QL (28 tabs every 28 days)

MISCELLANEOUS

ALINIA SUS 100/5ML	Tier 3	QL (540 mL every 30 days)
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	
<i>aztreonam for inj 1 gm</i>	M	M
<i>aztreonam for inj 2 gm</i>	M	M
<i>clindamycin hcl cap 75 mg</i>	Tier 1	
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	M	M
<i>clindamycin phosphate inj 300 mg/2ml</i>	M	M
<i>clindamycin phosphate inj 600 mg/4ml</i>	M	M
<i>dapsone tab 25 mg</i>	Tier 1	
<i>dapsone tab 100 mg</i>	Tier 1	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	M	M
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	
LINEZOLID INJ 2MG/ML	M	M
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	M	M
<i>linezolid tab 600 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem iv for soln 1 gm</i>	M	M
<i>meropenem iv for soln 500 mg</i>	M	M
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>metronidazole cap 375 mg</i>	Tier 1	
<i>metronidazole iv soln 500 mg/100ml</i>	M	M
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
<i>nitazoxanide tab 500 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for inj soln 300 mg</i>	M	M
<i>pentamidine isethionate for nebulization soln 300 mg</i>	M	M
<i>polymyxin b sulfate for inj 500000 unit</i>	M	M
<i>pyrimethamine tab 25 mg</i>	Tier 3	PA
<i>trimethoprim tab 100 mg</i>	Tier 1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	QL (80 caps every 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	M	M
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	M	M
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	M	M
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	M	M
XIFAXAN TAB 200MG	Tier 2	QL (9 tabs every 30 days)
XIFAXAN TAB 550MG	Tier 2	PA

PENICILLINS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	
<i>ampicillin cap 500 mg</i>	Tier 1	
<i>ampicillin sodium for inj 1 gm</i>	Tier 1	
<i>ampicillin sodium for inj 2 gm</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
<i>penicillin g potassium for inj 5000000 unit</i>	Tier 1	
<i>penicillin g potassium for inj 20000000 unit</i>	Tier 1	
<i>penicillin g sodium for inj 5000000 unit</i>	Tier 1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
<i>pfizerpen</i>	Tier 1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1	

TETRACYCLINES

<i>avidoxy</i>	Tier 1	
<i>demeclocycline hcl tab 150 mg</i>	Tier 1	
<i>demeclocycline hcl tab 300 mg</i>	Tier 1	
<i>doxy 100</i>	Tier 1	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate for inj 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 150 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>minocycline hcl tab 50 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl tab 75 mg</i>	Tier 1	
<i>minocycline hcl tab 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>tetracycline hcl cap 500 mg</i>	Tier 1	QL (120 caps every 30 days)
VIBRAMYCIN SYP 50MG/5ML	Tier 3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan inj 6 mg/ml</i>	M	M
<i>carmustine for inj 100 mg</i>	M	M
<i>cyclophosphamide cap 25 mg</i>	Tier 0	
<i>cyclophosphamide cap 50 mg</i>	Tier 0	
<i>cyclophosphamide for inj 1 gm</i>	M	M
<i>cyclophosphamide for inj 2 gm</i>	M	M
<i>cyclophosphamide for inj 500 mg</i>	M	M
<i>dacarbazine for inj 100 mg</i>	M	M
<i>dacarbazine for inj 200 mg</i>	M	M
EMCYT CAP 140MG	Tier 0	
GLEOSTINE CAP 10MG	Tier 0	
GLEOSTINE CAP 40MG	Tier 0	
GLEOSTINE CAP 100MG	Tier 0	
GLIADEL WAF 7.7MG	M	M
<i>ifosfamide for inj 1 gm</i>	M	M
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	M	M
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	M	M
LEUKERAN TAB 2MG	Tier 0	
MATULANE CAP 50MG	Tier 0	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	M	M
<i>melphalan tab 2 mg</i>	Tier 0	
TEMODAR INJ 100MG	Tier 4	PA
<i>temozolomide cap 5 mg</i>	Tier 0	PA
<i>temozolomide cap 20 mg</i>	Tier 0	PA
<i>temozolomide cap 100 mg</i>	Tier 0	PA
<i>temozolomide cap 140 mg</i>	Tier 0	PA
<i>temozolomide cap 180 mg</i>	Tier 0	PA

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Drug Name	Drug Tier	Requirements/Limits
temozolomide cap 250 mg	Tier 0	PA
ANTIBIOTICS		
adriamycin	M	M
bleomycin sulfate for inj 15 unit	M	M
bleomycin sulfate for inj 30 unit	M	M
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	M	M
doxorubicin hcl for inj 10 mg	M	M
doxorubicin hcl inj 2 mg/ml	M	M
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	M	M
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	M	M
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	M	M
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	M	M
mitomycin for iv soln 5 mg	M	M
mitomycin for iv soln 20 mg	M	M
mitomycin for iv soln 40 mg	M	M
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	M	M
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	M	M
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	M	M
ANTIMETABOLITES		
azacitidine for inj 100 mg	Tier 4	PA
capecitabine tab 150 mg	Tier 0	PA
capecitabine tab 500 mg	Tier 0	PA
cladribine iv soln 10 mg/10ml (1 mg/ml)	M	M
clofarabine iv soln 1 mg/ml	M	M
cytarabine inj 20 mg/ml	M	M
cytarabine inj pf 20 mg/ml	M	M
cytarabine inj pf 100 mg/ml	M	M
decitabine for inj 50 mg	Tier 4	PA
floxuridine for inj 0.5 gm	M	M
fludarabine phosphate for inj 50 mg	M	M
fludarabine phosphate inj 25 mg/ml	M	M
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	M	M
<i>gemcitabine hcl for inj 1 gm</i>	M	M
<i>gemcitabine hcl for inj 2 gm</i>	M	M
<i>gemcitabine hcl for inj 200 mg</i>	M	M
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	M	M
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	M	M
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	M	M
<i>mercaptopurine tab 50 mg</i>	Tier 0	
<i>methotrexate sodium for inj 1 gm</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	M	M
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	M	M
TABLOID TAB 40MG	Tier 0	

ANTIMITOTIC, TAXOIDS

<i>docetaxel for inj conc 20 mg/ml</i>	M	M
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	M	M
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	M	M
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	M	M
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	M	M
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	M	M
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	M	M

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate inj 1 mg/ml</i>	M	M
<i>vincristine sulfate iv soln 1 mg/ml</i>	M	M
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	M	M
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	M	M

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	Tier 0	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	Tier 0	PA, QL (1 pack every 28 days)

BIOLOGIC RESPONSE MODIFIERS

ERBITUX INJ 100MG	M	M
ERBITUX INJ 200MG	M	M
ERIVEDGE CAP 150MG	Tier 0	PA, QL (30 caps every 30 days)
GAZYVA INJ 25MG/ML	Tier 4	PA
KADCYLA INJ 100MG	M	M
KADCYLA INJ 160MG	M	M
KEYTRUDA INJ 100MG/4M	Tier 4	PA
POLIVY INJ 30MG	Tier 5	PA
POLIVY INJ 140MG	Tier 5	PA
POMALYST CAP 1MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	Tier 0	PA, QL (21 caps every 28 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 3MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	Tier 0	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	Tier 0	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	Tier 0	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	Tier 0	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	Tier 0	PA, QL (28 caps every 28 days)
THALOMID CAP 150MG	Tier 0	PA, QL (56 caps every 28 days)
THALOMID CAP 200MG	Tier 0	PA, QL (56 caps every 28 days)
TICE BCG INJ	M	M
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Tier 0	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	Tier 0	
ELIGARD INJ 7.5MG	M	M
ELIGARD INJ 22.5MG	M	M

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD INJ 30MG	M	M
ELIGARD INJ 45MG	M	M
ERLEADA TAB 60MG	Tier 0	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	Tier 0	PA, QL (30 tabs every 30 days)
<i>exemestane tab 25 mg</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide cap 125 mg</i>	Tier 0	
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	Tier 4	PA
<i>letrozole tab 2.5 mg</i>	Tier 0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 4	PA
LYSODREN TAB 500MG	Tier 0	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 0	
<i>megestrol acetate tab 20 mg</i>	Tier 0	
<i>megestrol acetate tab 40 mg</i>	Tier 0	
<i>nilutamide tab 150 mg</i>	Tier 0	
NUBEQA TAB 300MG	Tier 0	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 0	
XTANDI CAP 40MG	Tier 0	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	Tier 0	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	Tier 0	PA, QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YONSA TAB 125MG	Tier 0	PA, QL (120 tabs every 30 days)
KINASE INHIBITORS		
ALECENSA CAP 150MG	Tier 0	PA, QL (240 caps every 30 days)
CABOMETYX TAB 20MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	Tier 0	PA, QL (30 tabs every 30 days)
CALQUENCE CAP 100MG	Tier 0	PA, QL (60 caps every 30 days)
CALQUENCE TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	Tier 0	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 7.5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 10 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab for oral susp 2 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	Tier 0	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
IBRANCE CAP 75MG	Tier 0	PA, QL (21 caps every 28 days)
IBRANCE CAP 100MG	Tier 0	PA, QL (21 caps every 28 days)
IBRANCE CAP 125MG	Tier 0	PA, QL (21 caps every 28 days)
IBRANCE TAB 75MG	Tier 0	PA, QL (21 tabs every 28 days)
IBRANCE TAB 100MG	Tier 0	PA, QL (21 tabs every 28 days)
IBRANCE TAB 125MG	Tier 0	PA, QL (21 tabs every 28 days)
ICLUSIG TAB 10MG	Tier 0	PA, QL (30 tabs every 30 days)
ICLUSIG TAB 15MG	Tier 0	PA, QL (30 tabs every 30 days)
ICLUSIG TAB 30MG	Tier 0	PA, QL (30 tabs every 30 days)
ICLUSIG TAB 45MG	Tier 0	PA, QL (30 tabs every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 0	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 0	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	Tier 0	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	Tier 0	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	Tier 0	PA, QL (216 ml every 36 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TAB 140MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 560MG	Tier 0	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	Tier 0	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	Tier 0	PA, QL (120 tabs every 30 days)
JAKAFI TAB 5MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	Tier 0	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	Tier 0	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	Tier 0	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	Tier 0	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 0	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	Tier 0	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	Tier 0	PA, QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 12MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	Tier 0	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	Tier 0	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	Tier 0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	Tier 0	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	Tier 0	PA, QL (30 tabs every 30 days)
RYDAPT CAP 25MG	Tier 0	PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 0	PA, QL (120 tabs every 30 days)
SPRYCEL TAB 20MG	Tier 0	PA, QL (90 tabs every 30 days)
SPRYCEL TAB 50MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 70MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 80MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 140MG	Tier 0	PA, QL (30 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
STIVARGA TAB 40MG	Tier 0	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR TAB 10MG	Tier 0	PA, QL (4 bottles every 28 days)
TUKYSA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
VITRAKVI CAP 25MG	Tier 0	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	Tier 0	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	Tier 0	PA, QL (300 mL every 30 days)
VOTRIENT TAB 200MG	Tier 0	PA, QL (120 tabs every 30 days)
XALKORI CAP 200MG	Tier 0	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	Tier 0	PA, QL (120 caps every 30 days)
ZELBORAF TAB 240MG	Tier 0	PA, QL (240 tabs every 30 days)
ZYDELIG TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TAB 150MG	Tier 0	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	Tier 0	PA, QL (90 tabs every 30 days)

MISCELLANEOUS

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	M	M
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	M	M
<i>bexarotene cap 75 mg</i>	Tier 0	PA
<i>hydroxyurea cap 500 mg</i>	Tier 0	
IDHIFA TAB 50MG	Tier 0	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	Tier 0	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
NIPENT INJ 10MG	M	M
ODOMZO CAP 200MG	Tier 0	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	Tier 4	PA
PHOTOFRIN INJ 75MG	M	M
<i>tretinoin cap 10 mg</i>	Tier 0	
VISTOGARD PAK 10GM	Tier 4	QL (20 packets every 5 days)
ZEJULA CAP 100MG	Tier 0	PA, QL (90 caps every 30 days)
ZEJULA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	Tier 0	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	Tier 0	PA, QL (120 caps every 30 days)

PLATINUM-BASED AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	M	M
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Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin iv soln 150 mg/15ml</i>	M	M
<i>carboplatin iv soln 450 mg/45ml</i>	M	M
<i>carboplatin iv soln 600 mg/60ml</i>	M	M
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	M	M
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	M	M
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	M	M
<i>oxaliplatin for iv inj 50 mg</i>	M	M
<i>oxaliplatin for iv inj 100 mg</i>	M	M
<i>oxaliplatin iv soln 50 mg/10ml</i>	M	M
<i>oxaliplatin iv soln 100 mg/20ml</i>	M	M
<i>paraplatin</i>	M	M

PROTECTIVE AGENTS

<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	M	M
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	M	M
<i>leucovorin calcium for inj 50 mg</i>	M	M
<i>leucovorin calcium for inj 100 mg</i>	M	M
<i>leucovorin calcium for inj 200 mg</i>	M	M
<i>leucovorin calcium for inj 350 mg</i>	M	M
<i>leucovorin calcium for inj 500 mg</i>	M	M
<i>leucovorin calcium tab 5 mg</i>	Tier 0	
<i>leucovorin calcium tab 10 mg</i>	Tier 0	
<i>leucovorin calcium tab 15 mg</i>	Tier 0	
<i>leucovorin calcium tab 25 mg</i>	Tier 0	
<i>mesna inj 100 mg/ml</i>	M	M
MESNEX TAB 400MG	Tier 0	

TOPOISOMERASE INHIBITORS

<i>etoposide cap 50 mg</i>	Tier 0	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	M	M
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	M	M

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Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hcl for inj 4 mg (base equiv)</i>	M	M

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Tier 1	
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	Tier 1	
<i>benazepril hcl tab 10 mg</i>	Tier 1	
<i>benazepril hcl tab 20 mg</i>	Tier 1	
<i>benazepril hcl tab 40 mg</i>	Tier 1	
<i>captopril tab 12.5 mg</i>	Tier 1	
<i>captopril tab 25 mg</i>	Tier 1	
<i>captopril tab 50 mg</i>	Tier 1	
<i>captopril tab 100 mg</i>	Tier 1	
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	
<i>enalapril maleate tab 5 mg</i>	Tier 1	
<i>enalapril maleate tab 10 mg</i>	Tier 1	
<i>enalapril maleate tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 10 mg</i>	Tier 1	
<i>fosinopril sodium tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 40 mg</i>	Tier 1	
<i>lisinopril tab 2.5 mg</i>	Tier 1	
<i>lisinopril tab 5 mg</i>	Tier 1	
<i>lisinopril tab 10 mg</i>	Tier 1	
<i>lisinopril tab 20 mg</i>	Tier 1	
<i>lisinopril tab 30 mg</i>	Tier 1	
<i>lisinopril tab 40 mg</i>	Tier 1	
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	
<i>moexipril hcl tab 15 mg</i>	Tier 1	
<i>perindopril erbumine tab 2 mg</i>	Tier 1	
<i>perindopril erbumine tab 4 mg</i>	Tier 1	
<i>perindopril erbumine tab 8 mg</i>	Tier 1	
<i>quinapril hcl tab 5 mg</i>	Tier 1	
<i>quinapril hcl tab 10 mg</i>	Tier 1	
<i>quinapril hcl tab 20 mg</i>	Tier 1	
<i>quinapril hcl tab 40 mg</i>	Tier 1	
<i>ramipril cap 1.25 mg</i>	Tier 1	
<i>ramipril cap 2.5 mg</i>	Tier 1	
<i>ramipril cap 5 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril cap 10 mg</i>	Tier 1	
<i>trandolapril tab 1 mg</i>	Tier 1	
<i>trandolapril tab 2 mg</i>	Tier 1	
<i>trandolapril tab 4 mg</i>	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	Tier 1	
<i>eplerenone tab 50 mg</i>	Tier 1	
ALPHA BLOCKERS		
<i>prazosin hcl cap 1 mg</i>	Tier 1	
<i>prazosin hcl cap 2 mg</i>	Tier 1	
<i>prazosin hcl cap 5 mg</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	Tier 1	
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	
<i>irbesartan tab 75 mg</i>	Tier 1	
<i>irbesartan tab 150 mg</i>	Tier 1	
<i>irbesartan tab 300 mg</i>	Tier 1	
<i>losartan potassium tab 25 mg</i>	Tier 1	
<i>losartan potassium tab 50 mg</i>	Tier 1	
<i>losartan potassium tab 100 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	
<i>telmisartan tab 20 mg</i>	Tier 1	
<i>telmisartan tab 40 mg</i>	Tier 1	
<i>telmisartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 40 mg</i>	Tier 1	
<i>valsartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 160 mg</i>	Tier 1	
<i>valsartan tab 320 mg</i>	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	Tier 1	
<i>amiodarone hcl tab 400 mg</i>	Tier 1	
<i>disopyramide phosphate cap 100 mg</i>	Tier 1	
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	PA
<i>flecainide acetate tab 50 mg</i>	Tier 1	
<i>flecainide acetate tab 100 mg</i>	Tier 1	
<i>flecainide acetate tab 150 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	M	M
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	M	M
MULTAQ TAB 400MG	Tier 3	PA
NORPACE CAP 100MG CR	Tier 2	
NORPACE CAP 150MG CR	Tier 2	
<i>pacerone</i>	Tier 1	
<i>procainamide hcl inj 100 mg/ml</i>	M	M
<i>propafenone hcl cap er 12hr 225 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 325 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 425 mg</i>	Tier 1	
<i>propafenone hcl tab 150 mg</i>	Tier 1	
<i>propafenone hcl tab 225 mg</i>	Tier 1	
<i>propafenone hcl tab 300 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 80 mg</i>	Tier 1	
<i>sotalol hcl tab 120 mg</i>	Tier 1	
<i>sotalol hcl tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 240 mg</i>	Tier 1	

ANTILIPEMICS, BILE ACID RESINS

<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine light powder packets 4 gm</i>	Tier 1	
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder packets 4 gm</i>	Tier 1	
<i>colestipol hcl granule packets 5 gm</i>	Tier 1	
<i>colestipol hcl granules 5 gm</i>	Tier 1	
<i>colestipol hcl tab 1 gm</i>	Tier 1	
<i>prevalite</i>	Tier 1	

ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR

<i>ezetimibe tab 10 mg</i>	Tier 1	
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ANTILIPEMICS, FIBRATES

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	
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Drug Name	Drug Tier	Requirements/Limits
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 1	
<i>fenofibrate cap 150 mg</i>	Tier 1	
<i>fenofibrate micronized cap 43 mg</i>	Tier 1	
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	
<i>fenofibrate tab 48 mg</i>	Tier 1	
<i>fenofibrate tab 54 mg</i>	Tier 1	
<i>fenofibrate tab 145 mg</i>	Tier 1	
<i>fenofibrate tab 160 mg</i>	Tier 1	
<i>gemfibrozil tab 600 mg</i>	Tier 1	

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

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Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	Tier 1	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

ANTILIPEMICS, MISCELLANEOUS

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Tier 1	

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

<i>icosapent ethyl cap 0.5 gm</i>	Tier 1	
<i>icosapent ethyl cap 1 gm</i>	Tier 1	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT INJ 75MG/ML	Tier 4	PA, QL (2 pens every 28 days)
PRALUENT INJ 150MG/ML	Tier 4	PA, QL (2 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	
atenolol & chlorthalidone tab 100-25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	
BETA-BLOCKERS		
acebutolol hcl cap 200 mg	Tier 1	
acebutolol hcl cap 400 mg	Tier 1	
atenolol tab 25 mg	Tier 1	
atenolol tab 50 mg	Tier 1	
atenolol tab 100 mg	Tier 1	
betaxolol hcl tab 10 mg	Tier 1	
betaxolol hcl tab 20 mg	Tier 1	
bisoprolol fumarate tab 5 mg	Tier 1	
bisoprolol fumarate tab 10 mg	Tier 1	
carvedilol phosphate cap er 24hr 10 mg	Tier 1	
carvedilol phosphate cap er 24hr 20 mg	Tier 1	
carvedilol phosphate cap er 24hr 40 mg	Tier 1	
carvedilol phosphate cap er 24hr 80 mg	Tier 1	
carvedilol tab 3.125 mg	Tier 1	
carvedilol tab 6.25 mg	Tier 1	
carvedilol tab 12.5 mg	Tier 1	
carvedilol tab 25 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tab 100 mg</i>	Tier 1	
<i>labetalol hcl tab 200 mg</i>	Tier 1	
<i>labetalol hcl tab 300 mg</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	
<i>nadolol tab 20 mg</i>	Tier 1	
<i>nadolol tab 40 mg</i>	Tier 1	
<i>nadolol tab 80 mg</i>	Tier 1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 1	
<i>pindolol tab 5 mg</i>	Tier 1	
<i>pindolol tab 10 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl tab 10 mg</i>	Tier 1	
<i>propranolol hcl tab 20 mg</i>	Tier 1	
<i>propranolol hcl tab 40 mg</i>	Tier 1	
<i>propranolol hcl tab 60 mg</i>	Tier 1	
<i>propranolol hcl tab 80 mg</i>	Tier 1	
<i>timolol maleate tab 5 mg</i>	Tier 1	
<i>timolol maleate tab 10 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tab 20 mg</i>	Tier 1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Tier 1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	
<i>cartia xt</i>	Tier 1	
<i>dilt-xr</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	M	M
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	M	M
<i>diltiazem hcl tab 30 mg</i>	Tier 1	
<i>diltiazem hcl tab 60 mg</i>	Tier 1	
<i>diltiazem hcl tab 90 mg</i>	Tier 1	
<i>diltiazem hcl tab 120 mg</i>	Tier 1	
<i>diltiazem hcl tab er 24hr 120 mg</i>	Tier 1	
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	
<i>isradipine cap 2.5 mg</i>	Tier 1	
<i>isradipine cap 5 mg</i>	Tier 1	
<i>matzim la</i>	Tier 1	
<i>nicardipine hcl cap 20 mg</i>	Tier 1	
<i>nicardipine hcl cap 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine cap 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 1	
<i>taztia xt</i>	Tier 1	
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 200 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	
<i>verapamil hcl tab 40 mg</i>	Tier 1	
<i>verapamil hcl tab 80 mg</i>	Tier 1	
<i>verapamil hcl tab 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 180 mg</i>	Tier 1	
<i>verapamil hcl tab er 240 mg</i>	Tier 1	
DIGITALIS GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	Tier 1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 1	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	
<i>acetazolamide tab 125 mg</i>	Tier 1	
<i>acetazolamide tab 250 mg</i>	Tier 1	
ALDACTAZIDE TAB 50/50	Tier 2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl tab 5 mg</i>	Tier 1	
<i>bumetanide tab 0.5 mg</i>	Tier 1	
<i>bumetanide tab 1 mg</i>	Tier 1	
<i>bumetanide tab 2 mg</i>	Tier 1	
<i>chlorthalidone tab 25 mg</i>	Tier 1	
<i>chlorthalidone tab 50 mg</i>	Tier 1	
DIURIL SUS 250/5ML	Tier 3	
<i>ethacrynic acid tab 25 mg</i>	Tier 3	
<i>furosemide inj 10 mg/ml</i>	M	M
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	
<i>furosemide tab 20 mg</i>	Tier 1	
<i>furosemide tab 40 mg</i>	Tier 1	
<i>furosemide tab 80 mg</i>	Tier 1	
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	
<i>indapamide tab 1.25 mg</i>	Tier 1	
<i>indapamide tab 2.5 mg</i>	Tier 1	
<i>mannitol iv soln 20%</i>	Tier 1	
<i>mannitol iv soln 25%</i>	Tier 1	
<i>methazolamide tab 25 mg</i>	Tier 1	
<i>methazolamide tab 50 mg</i>	Tier 1	
<i>metolazone tab 2.5 mg</i>	Tier 1	
<i>metolazone tab 5 mg</i>	Tier 1	
<i>metolazone tab 10 mg</i>	Tier 1	
<i>osmitrol viaflex</i>	Tier 1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	
<i>spironolactone tab 100 mg</i>	Tier 1	
<i>toremide tab 5 mg</i>	Tier 1	
<i>toremide tab 10 mg</i>	Tier 1	
<i>toremide tab 20 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>torsemide tab 100 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	
<i>triamterene cap 50 mg</i>	Tier 1	
<i>triamterene cap 100 mg</i>	Tier 1	

HEART FAILURE

<i>CORLANOR SOL 5MG/5ML</i>	Tier 2	
<i>CORLANOR TAB 5MG</i>	Tier 2	
<i>CORLANOR TAB 7.5MG</i>	Tier 2	
<i>ENTRESTO TAB 24-26MG</i>	Tier 2	
<i>ENTRESTO TAB 49-51MG</i>	Tier 2	
<i>ENTRESTO TAB 97-103MG</i>	Tier 2	

MISCELLANEOUS

<i>clonidine hcl tab 0.1 mg</i>	Tier 1	
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 1	
<i>guanfacine hcl tab 1 mg</i>	Tier 1	
<i>guanfacine hcl tab 2 mg</i>	Tier 1	
<i>hydralazine hcl tab 10 mg</i>	Tier 1	
<i>hydralazine hcl tab 25 mg</i>	Tier 1	
<i>hydralazine hcl tab 50 mg</i>	Tier 1	
<i>hydralazine hcl tab 100 mg</i>	Tier 1	
<i>methyldopa tab 250 mg</i>	Tier 1	
<i>methyldopa tab 500 mg</i>	Tier 1	
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<i>minoxidil tab 2.5 mg</i>	Tier 1	
<i>minoxidil tab 10 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	ST; PA**

NITRATES

<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	
NITRO-BID OIN 2%	Tier 3	
NITRO-DUR DIS 0.3MG/HR	Tier 2	
NITRO-DUR DIS 0.8MG/HR	Tier 2	
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 1	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	Tier 5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	Tier 5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	Tier 5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	Tier 5	PA, QL (90 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2MG	Tier 5	PA, QL (90 tabs every 30 days)
<i>ambrisentan tab 5 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	Tier 4	PA, QL (30 tabs every 30 days)
ORENITRAM TAB 0.25MG	Tier 4	PA
ORENITRAM TAB 0.125MG	Tier 4	PA
ORENITRAM TAB 1MG	Tier 4	PA
ORENITRAM TAB 2.5MG	Tier 4	PA
ORENITRAM TAB 5MG	Tier 4	PA
ORENITRAM TAB MONTH 1	Tier 4	PA
ORENITRAM TAB MONTH 2	Tier 4	PA
ORENITRAM TAB MONTH 3	Tier 4	PA
REMODULIN INJ 1MG/ML	Tier 5	PA
REMODULIN INJ 2.5MG/ML	Tier 5	PA
REMODULIN INJ 5MG/ML	Tier 5	PA
REMODULIN INJ 10MG/ML	Tier 5	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	M	M
<i>sildenafil citrate tab 20 mg</i>	Tier 4	PA, QL (360 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 5	PA, QL (60 tabs every 30 days)
TYVASO REFIL SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO START SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
UPTRAVI INJ 1800MCG	M	M

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 59

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI PACK TAB 200/800	Tier 4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	Tier 4	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	Tier 4	PA, QL (60 tabs every 30 days)
VENTAVIS SOL 10MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)
VENTAVIS SOL 20MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	PA
<i>disulfiram tab 250 mg</i>	Tier 1	
<i>disulfiram tab 500 mg</i>	Tier 1	

ANTI-ANXIETY

ALPRAZOLAM CON 1 MG/ML	Tier 2	QL (300 mL every 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam orally disintegrating tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>buspirone hcl tab 5 mg</i>	Tier 1	
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	
<i>buspirone hcl tab 10 mg</i>	Tier 1	
<i>buspirone hcl tab 15 mg</i>	Tier 1	
<i>buspirone hcl tab 30 mg</i>	Tier 1	
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Tier 1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (150 mL every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>meprobamate tab 200 mg</i>	Tier 1	
<i>meprobamate tab 400 mg</i>	Tier 1	
<i>oxazepam cap 10 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	Tier 1	QL (120 caps every 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 23 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 10 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	PA

ANTIDEPRESSANTS§

<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amoxapine tab 25 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	Tier 1	
<i>bupropion hcl tab 100 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl tab 10 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	
EMSAM DIS 6MG/24HR	Tier 3	PA
EMSAM DIS 9MG/24HR	Tier 3	PA
EMSAM DIS 12MG/24H	Tier 3	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	
FETZIMA CAP 20MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 40MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 80MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 120MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP TITRATIO	Tier 3	ST, QL (30 caps every 30 days); PA**
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	Tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl tab 10 mg</i>	Tier 1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	Tier 1	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>imipramine pamoate cap 150 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
MARPLAN TAB 10MG	Tier 3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 7.5 mg</i>	Tier 1	
<i>mirtazapine tab 15 mg</i>	Tier 1	
<i>mirtazapine tab 30 mg</i>	Tier 1	
<i>mirtazapine tab 45 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl tab 50 mg</i>	Tier 1	
<i>nefazodone hcl tab 100 mg</i>	Tier 1	
<i>nefazodone hcl tab 150 mg</i>	Tier 1	
<i>nefazodone hcl tab 200 mg</i>	Tier 1	
<i>nefazodone hcl tab 250 mg</i>	Tier 1	
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 1	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	Tier 1	
<i>paroxetine hcl tab 20 mg</i>	Tier 1	
<i>paroxetine hcl tab 30 mg</i>	Tier 1	
<i>paroxetine hcl tab 40 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Tier 1	
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	
<i>protriptyline hcl tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tab 50 mg</i>	Tier 1	
<i>sertraline hcl tab 100 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
<i>trazodone hcl tab 300 mg</i>	Tier 1	
<i>trimipramine maleate cap 25 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	Tier 3	ST; PA**
TRINTELLIX TAB 10MG	Tier 3	ST; PA**
TRINTELLIX TAB 20MG	Tier 3	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Tier 1	
VIIBRYD KIT STARTER	Tier 3	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone hcl tab 10 mg</i>	Tier 1	
<i>vilazodone hcl tab 20 mg</i>	Tier 1	
<i>vilazodone hcl tab 40 mg</i>	Tier 1	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl cap 100 mg</i>	Tier 1	
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl tab 100 mg</i>	Tier 1	
APOKYN INJ 10MG/ML	Tier 5	PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	M	M
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	
<i>benztropine mesylate tab 1 mg</i>	Tier 1	
<i>benztropine mesylate tab 2 mg</i>	Tier 1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	
<i>carbidopa tab 25 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 70

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
<i>entacapone tab 200 mg</i>	Tier 1	
INBRIJA CAP 42MG	Tier 4	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	Tier 2	
NEUPRO DIS 2MG/24HR	Tier 2	
NEUPRO DIS 3MG/24HR	Tier 2	
NEUPRO DIS 4MG/24HR	Tier 2	
NEUPRO DIS 6MG/24HR	Tier 2	
NEUPRO DIS 8MG/24HR	Tier 2	
ONGENTYS CAP 25MG	Tier 3	PA
ONGENTYS CAP 50MG	Tier 3	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Tier 1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	
<i>selegiline hcl cap 5 mg</i>	Tier 1	
<i>selegiline hcl tab 5 mg</i>	Tier 1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	

ANTIPSYCHOTICS

<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 2 mg</i>	Tier 1	
<i>aripiprazole tab 5 mg</i>	Tier 1	
<i>aripiprazole tab 10 mg</i>	Tier 1	
<i>aripiprazole tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 20 mg</i>	Tier 1	
<i>aripiprazole tab 30 mg</i>	Tier 1	
ARISTADA INJ 441MG/1.	Tier 2	
ARISTADA INJ 662MG/2	Tier 2	
ARISTADA INJ 882MG/3	Tier 2	
ARISTADA INJ 1064MG	Tier 2	
ARISTADA INJ INITIO	Tier 2	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	
<i>chlorpromazine hcl inj 25 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Tier 1	
<i>chlorpromazine hcl tab 10 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 1	
<i>clozapine tab 25 mg</i>	Tier 1	
<i>clozapine tab 50 mg</i>	Tier 1	
<i>clozapine tab 100 mg</i>	Tier 1	
<i>clozapine tab 200 mg</i>	Tier 1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Tier 1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	
<i>haloperidol tab 0.5 mg</i>	Tier 1	
<i>haloperidol tab 1 mg</i>	Tier 1	
<i>haloperidol tab 2 mg</i>	Tier 1	
<i>haloperidol tab 5 mg</i>	Tier 1	
<i>haloperidol tab 10 mg</i>	Tier 1	
<i>haloperidol tab 20 mg</i>	Tier 1	
<i>loxapine succinate cap 5 mg</i>	Tier 1	
<i>loxapine succinate cap 10 mg</i>	Tier 1	
<i>loxapine succinate cap 25 mg</i>	Tier 1	
<i>loxapine succinate cap 50 mg</i>	Tier 1	
<i>lurasidone hcl tab 20 mg</i>	Tier 1	
<i>lurasidone hcl tab 40 mg</i>	Tier 1	
<i>lurasidone hcl tab 60 mg</i>	Tier 1	
<i>lurasidone hcl tab 80 mg</i>	Tier 1	
<i>lurasidone hcl tab 120 mg</i>	Tier 1	
<i>olanzapine for im inj 10 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	
<i>olanzapine tab 2.5 mg</i>	Tier 1	
<i>olanzapine tab 5 mg</i>	Tier 1	
<i>olanzapine tab 7.5 mg</i>	Tier 1	
<i>olanzapine tab 10 mg</i>	Tier 1	
<i>olanzapine tab 15 mg</i>	Tier 1	
<i>olanzapine tab 20 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 3 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 6 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 9 mg</i>	Tier 1	
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	
<i>risperidone soln 1 mg/ml</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 0.5 mg</i>	Tier 1	
<i>risperidone tab 0.25 mg</i>	Tier 1	
<i>risperidone tab 1 mg</i>	Tier 1	
<i>risperidone tab 2 mg</i>	Tier 1	
<i>risperidone tab 3 mg</i>	Tier 1	
<i>risperidone tab 4 mg</i>	Tier 1	
<i>thioridazine hcl tab 10 mg</i>	Tier 1	
<i>thioridazine hcl tab 25 mg</i>	Tier 1	
<i>thioridazine hcl tab 50 mg</i>	Tier 1	
<i>thioridazine hcl tab 100 mg</i>	Tier 1	
<i>thiothixene cap 1 mg</i>	Tier 1	
<i>thiothixene cap 2 mg</i>	Tier 1	
<i>thiothixene cap 5 mg</i>	Tier 1	
<i>thiothixene cap 10 mg</i>	Tier 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	
VRAYLAR CAP 1.5-3MG	Tier 2	ST; PA**
VRAYLAR CAP 1.5MG	Tier 2	ST; PA**
VRAYLAR CAP 3MG	Tier 2	ST; PA**
VRAYLAR CAP 4.5MG	Tier 2	ST; PA**
VRAYLAR CAP 6MG	Tier 2	ST; PA**
<i>ziprasidone hcl cap 20 mg</i>	Tier 1	
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	
ANTISEIZURE AGENTSS		
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	
<i>carbamazepine chew tab 100 mg</i>	Tier 1	
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	
<i>carbamazepine tab 200 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	
<i>clobazam suspension 2.5 mg/ml</i>	Tier 1	
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	
<i>clonazepam tab 1 mg</i>	Tier 1	
<i>clonazepam tab 2 mg</i>	Tier 1	
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	Tier 1	
<i>diazepam intensol</i>	Tier 1	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	Tier 3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	
<i>epitol</i>	Tier 1	
<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
<i>felbamate susp 600 mg/5ml</i>	Tier 1	
<i>felbamate tab 400 mg</i>	Tier 1	
<i>felbamate tab 600 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	M	M
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	M	M
FYCOMPA SUS 0.5MG/ML	Tier 3	
FYCOMPA TAB 2MG	Tier 3	
FYCOMPA TAB 4MG	Tier 3	
FYCOMPA TAB 6MG	Tier 3	
FYCOMPA TAB 8MG	Tier 3	
FYCOMPA TAB 10MG	Tier 3	
FYCOMPA TAB 12MG	Tier 3	
<i>gabapentin cap 100 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin cap 300 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin cap 400 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	QL (72 mL every day)
<i>gabapentin tab 600 mg</i>	Tier 1	QL (6 tabs every day)
<i>gabapentin tab 800 mg</i>	Tier 1	QL (4 tabs every day)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	M	M
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide tab 50 mg</i>	Tier 1	
<i>lacosamide tab 100 mg</i>	Tier 1	
<i>lacosamide tab 150 mg</i>	Tier 1	
<i>lacosamide tab 200 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	Tier 1	
<i>lamotrigine tab 25 mg</i>	Tier 1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Tier 1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Tier 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Tier 1	
<i>lamotrigine tab 100 mg</i>	Tier 1	
<i>lamotrigine tab 150 mg</i>	Tier 1	
<i>lamotrigine tab 200 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 25 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 50 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 100 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 200 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 250 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 300 mg</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	M	M
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	M	M
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	M	M
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	M	M
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	
<i>levetiracetam tab 250 mg</i>	Tier 1	
<i>levetiracetam tab 500 mg</i>	Tier 1	
<i>levetiracetam tab 750 mg</i>	Tier 1	
<i>levetiracetam tab 1000 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	
<i>methsuximide cap 300 mg</i>	Tier 1	
NAYZILAM SPR 5MG	Tier 2	QL (10 units every 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine tab 150 mg</i>	Tier 1	
<i>oxcarbazepine tab 300 mg</i>	Tier 1	
<i>oxcarbazepine tab 600 mg</i>	Tier 1	
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	
<i>phenobarbital tab 15 mg</i>	Tier 1	
<i>phenobarbital tab 16.2 mg</i>	Tier 1	
<i>phenobarbital tab 30 mg</i>	Tier 1	
<i>phenobarbital tab 32.4 mg</i>	Tier 1	
<i>phenobarbital tab 60 mg</i>	Tier 1	
<i>phenobarbital tab 64.8 mg</i>	Tier 1	
<i>phenobarbital tab 97.2 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 100 mg</i>	Tier 1	
<i>phenytoin infatabs</i>	Tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	
<i>phenytoin sodium inj 50 mg/ml</i>	M	M
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
<i>pregabalin cap 25 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 50 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 75 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 100 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 150 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 200 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 225 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 300 mg</i>	Tier 1	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	Tier 1	ST; PA**
<i>primidone tab 50 mg</i>	Tier 1	
<i>primidone tab 250 mg</i>	Tier 1	
<i>rufinamide susp 40 mg/ml</i>	Tier 1	
<i>rufinamide tab 200 mg</i>	Tier 1	
<i>rufinamide tab 400 mg</i>	Tier 1	
<i>tiagabine hcl tab 2 mg</i>	Tier 1	
<i>tiagabine hcl tab 4 mg</i>	Tier 1	
<i>tiagabine hcl tab 12 mg</i>	Tier 1	
<i>tiagabine hcl tab 16 mg</i>	Tier 1	
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	
<i>topiramate tab 25 mg</i>	Tier 1	
<i>topiramate tab 50 mg</i>	Tier 1	
<i>topiramate tab 100 mg</i>	Tier 1	
<i>topiramate tab 200 mg</i>	Tier 1	
<i>valproate sodium inj 100 mg/ml</i>	M	M
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	
<i>valproic acid cap 250 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin powd pack 500 mg</i>	Tier 4	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 4	PA, QL (180 tabs every 30 days)
XCOPRI PAK 12.5-25	Tier 2	
XCOPRI PAK 50-100MG	Tier 2	
XCOPRI PAK 100-150	Tier 2	
XCOPRI PAK 150-200	Tier 2	
XCOPRI TAB 50MG	Tier 2	
XCOPRI TAB 100MG	Tier 2	
XCOPRI TAB 150MG	Tier 2	
XCOPRI TAB 200MG	Tier 2	
<i>zonisamide cap 25 mg</i>	Tier 1	
<i>zonisamide cap 50 mg</i>	Tier 1	
<i>zonisamide cap 100 mg</i>	Tier 1	

ATTENTION DEFICIT HYPERACTIVITY DISORDERS

ADZENYS XR TAB 3.1MG	Tier 3	QL (60 tabs every 30 days)
ADZENYS XR TAB 6.3MG	Tier 3	QL (60 tabs every 30 days)
ADZENYS XR TAB 9.4MG	Tier 3	QL (60 tabs every 30 days)
ADZENYS XR TAB 12.5MG	Tier 3	QL (30 tabs every 30 days)
ADZENYS XR TAB 15.7 MG	Tier 3	QL (30 tabs every 30 days)
ADZENYS XR TAB 18.8MG	Tier 3	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (90 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	
AZSTARYS CAP 26.1-5.2	Tier 3	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	Tier 3	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	Tier 3	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (120 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	
<i>methamphetamine hcl tab 5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Tier 1	QL (30 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	QL (30 tabs every 30 days)
VYVANSE CAP 10MG	Tier 2	QL (60 caps every 30 days)
VYVANSE CAP 20MG	Tier 2	QL (60 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 30MG	Tier 2	QL (60 caps every 30 days)
VYVANSE CAP 40MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CAP 50MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CAP 60MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CAP 70MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CHW 10MG	Tier 2	QL (60 chew tabs every 30 days)
VYVANSE CHW 20MG	Tier 2	QL (60 chew tabs every 30 days)
VYVANSE CHW 30MG	Tier 2	QL (60 chew tabs every 30 days)
VYVANSE CHW 40MG	Tier 2	QL (30 chew tabs every 30 days)
VYVANSE CHW 50MG	Tier 2	QL (30 chew tabs every 30 days)
VYVANSE CHW 60MG	Tier 2	QL (30 chew tabs every 30 days)
<i>zenzedi</i>	Tier 1	QL (120 tabs every 30 days)
FIBROMYALGIA		
SAVELLA MIS TITR PAK	Tier 3	ST; PA**
SAVELLA TAB 12.5MG	Tier 3	ST; PA**
SAVELLA TAB 25MG	Tier 3	ST; PA**
SAVELLA TAB 50MG	Tier 3	ST; PA**
SAVELLA TAB 100MG	Tier 3	ST; PA**
HYPNOTICS§		
BELSOMRA TAB 5MG	Tier 2	ST; PA**
BELSOMRA TAB 10MG	Tier 2	ST; PA**
BELSOMRA TAB 15MG	Tier 2	ST; PA**
BELSOMRA TAB 20MG	Tier 2	ST; PA**
<i>cvs sleep-aid nighttime</i>	Tier 1	OTC

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
DAYVIGO TAB 5MG	Tier 2	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	Tier 2	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tab 1 mg</i>	Tier 3	QL (15 tabs every 30 days)
<i>estazolam tab 2 mg</i>	Tier 3	QL (15 tabs every 30 days)
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>ramelteon tab 8 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>tasimelteon capsule 20 mg</i>	Tier 4	PA, QL (30 caps every 30 days)
<i>temazepam cap 7.5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 15 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 22.5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 30 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>triazolam tab 0.25 mg</i>	Tier 3	QL (10 tabs every 30 days)
<i>triazolam tab 0.125 mg</i>	Tier 3	QL (10 tabs every 30 days)
<i>zaleplon cap 5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>zaleplon cap 10 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	Tier 1	QL (15 tabs every 30 days)
MIGRAINES		
AJOVY INJ 225/1.5	Tier 2	ST, QL (3 injections every 90 days); PA**
<i>almotriptan malate tab 6.25 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	M	M

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QL (12 tabs every 30 days)
EMGALITY INJ 100MG/ML	Tier 2	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	Tier 2	ST, QL (2 injections every 30 days); PA**
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (12 tabs every 30 days)
QULIPTA TAB 10MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 1	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (12 units every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 86

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Tier 1	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	Tier 3	ST, QL (9 tabs every 30 days); PA**
UBRELVY TAB 50MG	Tier 2	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	Tier 2	ST, QL (16 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	Tier 1	QL (12 sprays every 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 1	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (12 tabs every 30 days)

MISCELLANEOUS

EVRYSDI SOL	Tier 5	PA, QL (2 bottles every 24 days)
<i>lithium carbonate cap 150 mg</i>	Tier 1	
<i>lithium carbonate cap 300 mg</i>	Tier 1	
<i>lithium carbonate cap 600 mg</i>	Tier 1	
<i>lithium carbonate tab 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 450 mg</i>	Tier 1	
LITHIUM SOL 8MEQ/5ML	Tier 3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	
<i>pyridostigmine bromide tab er 180 mg</i>	Tier 1	
<i>riluzole tab 50 mg</i>	Tier 1	

MOVEMENT DISORDERS

<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA, QL (120 tabs every 30 days)
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M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ 0.3MG	Tier 4	PA, QL (14 injections every 28 days)
COPAXONE INJ 20MG/ML	Tier 4	PA, QL (30 injections every 30 days)
COPAXONE INJ 40MG/ML	Tier 4	PA, QL (12 syringes every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Tier 4	PA, QL (1 kit every 30 days)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 4	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 2	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	Tier 2	PA, QL (30 injections every 30 days)
<i>teriflunomide tab 7 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	M	M
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tab 5 mg</i>	Tier 1	
<i>baclofen tab 10 mg</i>	Tier 1	
<i>baclofen tab 20 mg</i>	Tier 1	
<i>carisoprodol tab 350 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	Tier 3	PA, QL (168 tabs every 30 days); High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>metaxalone tab 800 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	M	M
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tab 50 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil tab 200 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>modafinil tab 100 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
SOD OXYBATE SOL 500MG/ML	Tier 4	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	Tier 2	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	Tier 2	PA, QL (30 tabs every 30 days)

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 0	QL (3 tabs every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 0	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	Tier 2	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	Tier 2	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	Tier 2	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	Tier 2	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	Tier 2	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	Tier 2	QL (1 unit every day)

OPIOID ANTAGONIST

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 90

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 0	\$0 copay

OPIOID PARTIAL AGONISTS§

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply

PSYCHOTHERAPEUTIC-MISC

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 3	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 3	QL (60 tabs every 30 days); QL applies to members age 65 and older
NUDEXTA CAP 20-10MG	Tier 2	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 3	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 3	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 3	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	Tier 1	
<i>pimozide tab 2 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	Tier 0	\$0 limited to 2 treatment cycles/year

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

ACERFLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
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M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 92

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
BCAD 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	Tier 3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
CYCLINEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
CYCLINEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	Tier 3	OTC; Coverage is subject to your plan/benefits
ELECARE DHA/ POW ARA INFA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ELECARE POW DHA/ARA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	Tier 3	OTC; Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
F.A.A. LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GA POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GA-1 ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUTAREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUTAREX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GLYTACTIN PAK BTMK/DLT	Tier 3	Coverage is subject to your plan/benefits
GLYTACTIN POW BETMLK15	Tier 3	Coverage is subject to your plan/benefits
GLYTACTIN POW RST LT10	Tier 3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
HCU ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HCU EXP20 PAK UNFLAVOR	Tier 3	OTC; Coverage is subject to your plan/benefits
HCU EXPRESS PAK	Tier 3	OTC; Coverage is subject to your plan/benefits
HCY 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOM 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOMACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
HOMINEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOMINEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
I-VALEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
I-VALEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
IVA ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
KETONEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
KETONEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
LANAFLEX PAK	Tier 3	OTC; Coverage is subject to your plan/benefits
LIPISTART POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
LMD POW	Tier 3	OTC; Coverage is subject to your plan/benefits
LOPHLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
METHIONAID POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MMA/PA ANAMI POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
MODULEN IBD POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
MSUD AID POW	Tier 3	OTC; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	Tier 3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
NOVASOURCE LIQ RENAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTRAMINE PAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN JR LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OA 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OS 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
OSMOLITE 1.2 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PERATIVE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PERIFLEX POW ADVANCE	Tier 3	OTC; Coverage is subject to your plan/benefits
PFD 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
PHENEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENYL-FREE POW 2	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENYLADE60 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	Tier 3	OTC; Coverage is subject to your plan/benefits
PORTAGEN POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	Tier 3	OTC; Coverage is subject to your plan/benefits
PRO-PHREE POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	Tier 3	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
PROMOTE W/ LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROPIMEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROPIMEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROVIMIN POW	Tier 3	OTC; Coverage is subject to your plan/benefits
RENASTART POW	Tier 3	OTC; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
S.O.S. 20 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
S.O.S. 25 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
SOL CARB POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 100

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SUPLENA LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TOLEREX POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	Tier 3	Coverage is subject to your plan/benefits
TYR ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
TYREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
TYREX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
TYROS 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
UCD ANAMIX POW JUNIOR	Tier 3	OTC; Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRACAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRAMINO POW SOY PROT	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
VITAL HN POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
WND 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
XLEU MAXAMUM	Tier 3	OTC; Coverage is subject to your plan/benefits
XLYS-XTRP POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XMET XCYS POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XMTVI MAXAMUM	Tier 3	OTC; Coverage is subject to your plan/benefits
XPHE-XTYR POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits

ENDOCRINE AND METABOLIC

ACROMEGALY

<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA, QL (45 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	M	M

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE INJ 90/0.3ML	M	M
SOMATULINE INJ 120/.5ML	M	M
SOMAVERT INJ 10MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	Tier 4	PA, QL (30 vials every 30 days)

ANDROGENS

<i>oxandrolone tab 2.5 mg</i>	Tier 1	PA
<i>oxandrolone tab 10 mg</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone td gel 10mg/act (2%)</i>	Tier 1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Tier 1	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Tier 1	
<i>acarbose tab 50 mg</i>	Tier 1	
<i>acarbose tab 100 mg</i>	Tier 1	
<i>miglitol tab 25 mg</i>	Tier 1	
<i>miglitol tab 50 mg</i>	Tier 1	
<i>miglitol tab 100 mg</i>	Tier 1	

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	Tier 3	ST; PA**
SYMLNPEN 120 INJ 1000MCG	Tier 3	ST; PA**

ANTIDIABETICS, BIGUANIDE

<i>metformin hcl tab 500 mg</i>	Tier 1	
<i>metformin hcl tab 850 mg</i>	Tier 1	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	Tier 1	

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST; PA**
JANUVIA TAB 25MG	Tier 2	ST; PA**
JANUVIA TAB 50MG	Tier 2	ST; PA**
JANUVIA TAB 100MG	Tier 2	ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST; PA**
JANUMET TAB 50-500MG	Tier 2	ST; PA**
JANUMET TAB 50-1000	Tier 2	ST; PA**
JANUMET XR TAB 50-500MG	Tier 2	ST; PA**
JANUMET XR TAB 50-1000	Tier 2	ST; PA**
JANUMET XR TAB 100-1000	Tier 2	ST; PA**
JENTADUETO TAB XR	Tier 3	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML	Tier 2	ST, QL (1.5 mL every 28 days); PA**
OZEMPIC INJ 2MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 4MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 8MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**
TRULICITY INJ 0.75/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 1.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 3/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 4.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
VICTOZA INJ 18MG/3ML	Tier 2	ST, QL (3 pens every 30 days); PA**

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA INJ 100/33	Tier 2	ST; PA**
XULTOPHY INJ 100/3.6	Tier 2	ST; PA**

ANTIDIABETICS, INSULIN

BASAGLAR INJ 100UNIT	Tier 2	
BASAGLAR INJ TEMPO PN	Tier 2	
FIASP FLEX INJ TOUCH	Tier 2	
FIASP INJ 100/ML	Tier 2	
FIASP PENFIL INJ U-100	Tier 2	
HUMULIN INJ 70/30	Tier 3	OTC
HUMULIN INJ 70/30KWP	Tier 3	OTC
HUMULIN N INJ U-100	Tier 3	OTC
HUMULIN N INJ U-100KWP	Tier 3	OTC
HUMULIN R INJ U-100	Tier 3	OTC
HUMULIN R INJ U-500	Tier 2	
LEVEMIR INJ	Tier 2	
LEVEMIR INJ FLEXPEN	Tier 2	
NOVOLIN INJ 70/30	Tier 2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	Tier 2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN N INJ U-100	Tier 2	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN R INJ U-100	Tier 2	OTC; RELION not covered
NOVOLOG INJ 100/ML	Tier 2	
NOVOLOG INJ FLEXPEN	Tier 2	
NOVOLOG INJ PENFILL	Tier 2	
NOVOLOG MIX INJ 70/30	Tier 2	
NOVOLOG MIX INJ FLEXPEN	Tier 2	
TRESIBA FLEX INJ 100UNIT	Tier 2	
TRESIBA FLEX INJ 200UNIT	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA INJ 100UNIT	Tier 2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Tier 1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tab 60 mg</i>	Tier 1	
<i>nateglinide tab 120 mg</i>	Tier 1	
<i>repaglinide tab 0.5 mg</i>	Tier 1	
<i>repaglinide tab 1 mg</i>	Tier 1	
<i>repaglinide tab 2 mg</i>	Tier 1	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY TAB	Tier 2	ST; PA**
SYNJARDY TAB 5-500MG	Tier 2	ST; PA**
SYNJARDY TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY TAB 12.5-500	Tier 2	ST; PA**
SYNJARDY XR TAB	Tier 2	ST; PA**
SYNJARDY XR TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY XR TAB 10-1000	Tier 2	ST; PA**
SYNJARDY XR TAB 25-1000	Tier 2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	Tier 2	ST; PA**
GLYXAMBI TAB 25-5 MG	Tier 2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE TAB 10MG	Tier 2	ST; PA**
JARDIANCE TAB 25MG	Tier 2	ST; PA**

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tab 1 mg</i>	Tier 1	
<i>glimepiride tab 2 mg</i>	Tier 1	
<i>glimepiride tab 4 mg</i>	Tier 1	
<i>glipizide tab 5 mg</i>	Tier 1	
<i>glipizide tab 10 mg</i>	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	
BISPHOSPHONATES		
<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 1	
<i>alendronate sodium tab 5 mg</i>	Tier 1	
<i>alendronate sodium tab 10 mg</i>	Tier 1	
<i>alendronate sodium tab 35 mg</i>	Tier 1	
<i>alendronate sodium tab 70 mg</i>	Tier 1	
FOSAMAX + D TAB 70-2800	Tier 3	ST; PA**
FOSAMAX + D TAB 70-5600	Tier 3	ST; PA**
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	M	M
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	M	M
<i>risedronate sodium tab 5 mg</i>	Tier 1	
<i>risedronate sodium tab 30 mg</i>	Tier 1	
<i>risedronate sodium tab 35 mg</i>	Tier 1	
<i>risedronate sodium tab 150 mg</i>	Tier 1	
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	M	M
<i>zoledronic acid iv soln 5 mg/100ml</i>	M	M
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA, QL (120 tabs every 30 days)

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 107

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
CHELATING AGENTS		
CHEMET CAP 100MG	Tier 3	
<i>deferiprone tab 500 mg</i>	Tier 4	PA
<i>deferiprone tab 1000 mg</i>	Tier 4	PA
FERPRX 2-DAY TAB 1000MG	Tier 4	PA
FERRIPROX SOL 100MG/ML	Tier 4	PA
<i>penicillamine tab 250 mg</i>	Tier 4	PA
<i>sps</i>	Tier 1	
CONTRACEPTIVES		
<i>altavera</i>	Tier 0	
<i>alyacen 1/35</i>	Tier 0	
<i>alyacen 7/7/7</i>	Tier 0	
<i>amethia</i>	Tier 0	
<i>amethyst</i>	Tier 0	
ANNOVERA MIS	Tier 0	QL (1 every 300 days)
<i>apri</i>	Tier 0	
<i>aranelle</i>	Tier 0	
<i>ashlyna</i>	Tier 0	
<i>aviane</i>	Tier 0	
<i>azurette</i>	Tier 0	
<i>camila</i>	Tier 0	
CAYA DPR	Tier 0	QL (1 every 300 days)
<i>chateal eq</i>	Tier 0	
CONDOMS MIS	Tier 0	QL (12 condoms every 30 days), OTC
<i>cryselle-28</i>	Tier 0	
<i>dasetta 1/35</i>	Tier 0	
<i>dasetta 7/7/7</i>	Tier 0	
<i>delyla</i>	Tier 0	
DEPO-SQ PROV INJ 104	Tier 0	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
DUREX MIS REALFEEL	Tier 0	QL (12 condoms every 30 days), OTC
<i>elinest</i>	Tier 0	
ELLA TAB 30MG	Tier 0	
<i>enpresse-28</i>	Tier 0	
<i>enskyce</i>	Tier 0	
<i>errin</i>	Tier 0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 0	QL (13 every 300 days)
<i>falmina</i>	Tier 0	
FC2 FEMALE MIS CONDOM	Tier 0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 26MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 30MM	Tier 0	QL (1 every 300 days)
<i>gemmily</i>	Tier 0	
<i>heather</i>	Tier 0	
<i>introvale</i>	Tier 0	
<i>jolessa</i>	Tier 0	
<i>junel 1.5/30</i>	Tier 0	
<i>junel 1/20</i>	Tier 0	
<i>junel fe 1.5/30</i>	Tier 0	
<i>junel fe 1/20</i>	Tier 0	
<i>junel fe 24</i>	Tier 0	
<i>kariva</i>	Tier 0	
<i>kelnor 1/35</i>	Tier 0	
<i>kurvelo</i>	Tier 0	
KYLEENA IUD 19.5MG	M	M
<i>larin 1.5/30</i>	Tier 0	
<i>leena</i>	Tier 0	
<i>lessina</i>	Tier 0	
<i>levonest</i>	Tier 0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 0	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	Tier 0	
<i>levora 0.15/30-28</i>	Tier 0	
LILETTA IUD 52MG	M	M
LO LOESTRIN TAB 1-10-10	Tier 0	
<i>loryna</i>	Tier 0	
<i>low-ogestrel</i>	Tier 0	
<i>luteru</i>	Tier 0	
<i>marlissa</i>	Tier 0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days)
<i>microgestin 1.5/30</i>	Tier 0	
MIRENA IUD SYSTEM	M	M
<i>mono-lynyah</i>	Tier 0	
NATAZIA TAB	Tier 0	
<i>necon 0.5/35-28</i>	Tier 0	
NEXPLANON IMP 68MG	M	M
NEXTSTELLIS TAB 3-14.2MG	Tier 0	
<i>nikki</i>	Tier 0	
<i>nora-be</i>	Tier 0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Tier 0	
<i>norethindrone tab 0.35 mg</i>	Tier 0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 0	
<i>nortrel 0.5/35 (28)</i>	Tier 0	
<i>nortrel 1/35</i>	Tier 0	
<i>nortrel 7/7/7</i>	Tier 0	
<i>nylia 1/35</i>	Tier 0	
<i>ocella</i>	Tier 0	
OMNIFLEX DPR	Tier 0	QL (1 every 300 days)
PARAGARD IUD T380A	M	M
<i>portia-28</i>	Tier 0	
<i>reclipsen</i>	Tier 0	
<i>rivelsa</i>	Tier 0	
SKYLA IUD 13.5MG	M	M
SLYND TAB 4MG	Tier 0	
<i>sprintec 28</i>	Tier 0	
<i>sronyx</i>	Tier 0	
<i>syeda</i>	Tier 0	
<i>take action</i>	Tier 0	OTC
<i>tilia fe</i>	Tier 0	
<i>tri-linyah</i>	Tier 0	
<i>tri-sprintec</i>	Tier 0	
<i>trivora-28</i>	Tier 0	
TRUSTEX/RIA MIS NON-LUB	Tier 0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	Tier 0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	Tier 0	
TYBLUME CHW 0.1-0.02	Tier 0	
<i>velivet</i>	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
<i>viorele</i>	Tier 0	
<i>vyfemla</i>	Tier 0	
<i>wera</i>	Tier 0	
WIDE-SEAL DPR KIT 60	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	Tier 0	QL (1 every 300 days)
<i>xulane</i>	Tier 0	
<i>zovia 1/35</i>	Tier 0	

DIABETIC SUPPLIES

ACCU-CHEK KIT AVIVA PL	M	OTC; M
ACCU-CHEK KIT GUIDE	M	OTC; M
ACCU-CHEK KIT GUIDE ME	M	OTC; M
ACCU-CHEK KIT NANO	M	OTC; M
ACCU-CHEK LIQ SMART	Tier 0	OTC
ACCU-CHEK TES AVIVA PL	Tier 0	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	Tier 0	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES SMART	Tier 0	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	Tier 0	OTC
AUTOLET PLAT MIS 1.8MM	Tier 0	OTC
CAREFINE MIS 32GX6MM	Tier 0	OTC
CHEMSTRIP 9 TES STRIPS	Tier 2	OTC
DEXCOM G5 MIS RECEIVER	Tier 0	
DEXCOM G5 MIS TRANSMIT	Tier 0	
DEXCOM G6 MIS RECEIVER	Tier 0	
DEXCOM G6 MIS SENSOR	Tier 0	
DEXCOM G6 MIS TRANSMIT	Tier 0	
DEXCOM G7 MIS RECEIVER	Tier 0	
DEXCOM G7 MIS SENSOR	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
DIASCREEN 10 MIS	Tier 0	OTC
DIASTIX TES STRIPS	Tier 0	OTC
G4 PLAT PED MIS RVC/SHAR	Tier 0	
G4 PLATINUM MIS PEDIATRC	Tier 0	
G4 PLATINUM MIS RCV/SHAR	Tier 0	
G4 PLATINUM MIS RECEIVER	Tier 0	
G4 PLATINUM MIS TRANSMIT	Tier 0	
G4 SENSOR MIS	Tier 0	
G5/G4 MIS SENSOR	Tier 0	
INSULIN SYRG MIS 1ML/31G	Tier 0	OTC
KETO-DIASTIX TES	Tier 0	OTC
LANCING DEVI MIS	Tier 0	OTC
NOVOFINE MIS 32GX6MM	Tier 0	OTC
OMNIPOD 5 G6 KIT INTRO	Tier 0	
OMNIPOD 5 G6 MIS PODS	Tier 0	
OMNIPOD DASH KIT INTRO	Tier 0	
OMNIPOD DASH KIT PDM	Tier 0	
OMNIPOD DASH MIS PODS	Tier 0	
OMNIPOD MIS CLASSIC	Tier 0	
OMNIPOD PDM KIT CLASSIC	Tier 0	
SHARPS CONT MIS 2QUART	Tier 0	OTC
SOFTCLIX MIS LANCETS	Tier 0	OTC
V-GO 20 KIT	Tier 0	
V-GO 30 KIT	Tier 0	
V-GO 40 KIT	Tier 0	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	Tier 1	
<i>danazol cap 100 mg</i>	Tier 1	
<i>danazol cap 200 mg</i>	Tier 1	
ORILISSA TAB 150MG	Tier 2	
ORILISSA TAB 200MG	Tier 2	
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	Tier 4	PA
<i>carglumic acid soluble tab 200 mg</i>	Tier 4	PA
CERDELGA CAP 84MG	Tier 4	PA, QL (56 caps every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAP 50MG	Tier 4	PA
CYSTAGON CAP 150MG	Tier 4	PA
MYALEPT INJ 11.3MG	Tier 4	PA, QL (30 vials every 30 days)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 4	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA, QL (1200 tabs every 30 days)

ESTROGENS

CLIMARA PRO DIS WEEKLY	Tier 2	
DEPO-ESTRADI INJ 5MG/ML	Tier 3	
DUAVEE TAB 0.45-20	Tier 2	
ELESTRIN GEL 0.06%	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 1	
<i>estradiol tab 0.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1 mg/gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 1	
ESTROGEL GEL	Tier 3	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	Tier 2	
IMVEXXY MAIN SUP 10MCG	Tier 2	
IMVEXXY STRT SUP 4MCG	Tier 2	
IMVEXXY STRT SUP 10MCG	Tier 2	
<i>jinteli</i>	Tier 1	
MENEST TAB 0.3MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
PREMARIN TAB 0.3MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	Tier 3	
<i>yuvafem</i>	Tier 1	

FERTILITY REGULATORS

CHOR GONADOT INJ 10000UNT	Tier 5	PA
<i>clomid</i>	Tier 1	
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	Tier 4	PA
GONAL-F INJ 450UNIT	Tier 4	PA, QL (10 vials every 28 days)
GONAL-F INJ 1050UNIT	Tier 4	PA, QL (6 vials every 28 days)
GONAL-F RFF INJ 75UNIT	Tier 4	PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.5	Tier 4	PA, QL (15 cartridges every 28 days)
GONAL-F RFF INJ 450/0.75	Tier 4	PA, QL (10 cartridges every 28 days)
GONAL-F RFF INJ 900/1.5	Tier 4	PA, QL (7 cartridges every 28 days)
OVIDREL INJ	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
DEPO-MEDROL INJ 20MG/ML	M	M
DEXAMETHASON CON 1MG/ML	Tier 2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	M	M
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	M	M
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	M	M
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
EMFLAZA SUS 22.75/ML	Tier 5	PA, QL (52 mL every 30 days)
EMFLAZA TAB 6MG	Tier 5	PA, QL (60 tabs every 30 days)
EMFLAZA TAB 18MG	Tier 5	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 30MG	Tier 5	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 36MG	Tier 5	PA, QL (30 tabs every 30 days)
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 118

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Drug Name	Drug Tier	Requirements/Limits
MEDROL TAB 2MG	Tier 2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	M	M
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	M	M
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	M	M
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	M	M
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	
PREDNISON CON 5MG/ML	Tier 2	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF INJ 100MG	Tier 3	
SOLU-CORTEF INJ 250MG	Tier 3	
SOLU-CORTEF INJ 500MG	Tier 3	
SOLU-CORTEF INJ 1000MG	Tier 3	
SOLU-MEDROL INJ 2GM	M	M

GLUCOSE ELEVATING AGENTS

<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 1	
INSTA-GLUCOS GEL 77.4%	Tier 2	OTC

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 20MG	Tier 4	PA
ORFADIN SUS 4MG/ML	Tier 4	PA

HUMAN GROWTH HORMONES

GENOTROPIN INJ 0.2MG	Tier 4	PA
GENOTROPIN INJ 0.4MG	Tier 4	PA
GENOTROPIN INJ 0.6MG	Tier 4	PA
GENOTROPIN INJ 0.8MG	Tier 4	PA
GENOTROPIN INJ 1.2MG	Tier 4	PA
GENOTROPIN INJ 1.4MG	Tier 4	PA
GENOTROPIN INJ 1.6MG	Tier 4	PA
GENOTROPIN INJ 1.8MG	Tier 4	PA
GENOTROPIN INJ 1MG	Tier 4	PA
GENOTROPIN INJ 2MG	Tier 4	PA
GENOTROPIN INJ 5MG	Tier 4	PA
GENOTROPIN INJ 12MG	Tier 4	PA
NORDIPEN 5 MIS DEVICE	Tier 0	
NORDIPEN DEL MIS SYSTEM	Tier 0	OTC
NORDITROPIN INJ 5/1.5ML	Tier 4	PA
NORDITROPIN INJ 10/1.5ML	Tier 4	PA
NORDITROPIN INJ 15/1.5ML	Tier 4	PA
NORDITROPIN INJ 30/3ML	Tier 4	PA

LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS

SYNAREL SOL 2MG/ML	Tier 5	PA
TRIPTODUR SUS 22.5MG	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	Tier 3	PA
KERENDIA TAB 20MG	Tier 3	PA
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	
INCRELEX INJ 40MG/4ML	Tier 4	PA
INTRAROSA SUP 6.5MG	Tier 3	
OSPHENA TAB 60MG	Tier 3	PA
PROLIA INJ 60MG/ML	M	M
<i>raloxifene hcl tab 60 mg</i>	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SUPPRELIN LA KIT 50MG	Tier 4	PA
<i>tolvaptan tab 15 mg</i>	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA
TYMLOS INJ	Tier 4	PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Tier 1	
FOSRENOL POW 750MG	Tier 3	
FOSRENOL POW 1000MG	Tier 3	
PHOSLYRA SOL	Tier 2	
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 1	
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	
VELPHORO CHW 500MG	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
CRINONE GEL 4% VAG	Tier 2	
CRINONE GEL 8% VAG	Tier 2	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 1	
<i>norethindrone acetate tab 5 mg</i>	Tier 1	
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	
THYROID AGENTS		
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	
<i>levoxyl</i>	Tier 1	
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	
<i>methimazole tab 5 mg</i>	Tier 1	
<i>methimazole tab 10 mg</i>	Tier 1	
<i>propylthiouracil tab 50 mg</i>	Tier 1	
SYNTHROID TAB 25MCG	Tier 2	
SYNTHROID TAB 50MCG	Tier 2	
SYNTHROID TAB 75MCG	Tier 2	
SYNTHROID TAB 88MCG	Tier 2	
SYNTHROID TAB 100MCG	Tier 2	
SYNTHROID TAB 112MCG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 125MCG	Tier 2	
SYNTHROID TAB 137MCG	Tier 2	
SYNTHROID TAB 150MCG	Tier 2	
SYNTHROID TAB 175MCG	Tier 2	
SYNTHROID TAB 200MCG	Tier 2	
SYNTHROID TAB 300MCG	Tier 2	
<i>unithroid</i>	Tier 1	

VASOPRESSINS

<i>desmopressin acetate inj 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	

ENDOCRINE AND METABOLIC AGENTS - MISC.

PROGESTERONE RECEPTOR ANTAGONISTS

<i>mifepristone tab 200 mg</i>	Tier 1	\$0 copay based on your plan/benefit
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GASTROINTESTINAL

ANTICHOLINERGICS

<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	M	M
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	M	M
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	
<i>dicyclomine hcl inj 10 mg/ml</i>	M	M
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	M	M
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	M	M
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

ANTIDIARRHEALS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i>	Tier 1	
MOTOFEN TAB 1-0.025	Tier 3	

ANTIEMETICS§

AKYNZEO CAP 300-0.5	Tier 3	QL (2 caps every 28 days)
<i>aprepitant capsule 40 mg</i>	Tier 1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	Tier 1	QL (4 caps every 28 days)
<i>aprepitant capsule 125 mg</i>	Tier 1	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	QL (2 packs every 28 days)
<i>compro</i>	Tier 1	
<i>dronabinol cap 2.5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dronabinol cap 5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dronabinol cap 10 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	M	M
<i>granisetron hcl tab 1 mg</i>	Tier 1	QL (12 tabs every 28 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	
<i>meclizine hcl tab 25 mg</i>	Tier 1	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	M	M
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	M	M
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	M	M
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	M	M
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	QL (200 mL every 28 days)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 24 mg</i>	Tier 1	QL (2 tabs every 28 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 1	
<i>promethazine hcl inj 25 mg/ml</i>	M	M
<i>promethazine hcl inj 50 mg/ml</i>	M	M
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	
<i>promethazine hcl suppos 25 mg</i>	Tier 1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	Tier 1	
SANCUSO DIS 3.1MG	Tier 2	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
VARUBI TAB 90MG	Tier 2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	Tier 1	
<i>cimetidine tab 200 mg</i>	Tier 1	
<i>cimetidine tab 300 mg</i>	Tier 1	
<i>cimetidine tab 400 mg</i>	Tier 1	
<i>cimetidine tab 800 mg</i>	Tier 1	
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	M	M
<i>famotidine preservative free inj 20 mg/2ml</i>	M	M
<i>famotidine tab 20 mg</i>	Tier 1	
<i>famotidine tab 40 mg</i>	Tier 1	
<i>nizatidine cap 150 mg</i>	Tier 1	
<i>nizatidine cap 300 mg</i>	Tier 1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	Tier 1	
<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	
<i>budesonide tab er 24hr 9 mg</i>	Tier 1	
DIPENTUM CAP 250MG	Tier 3	PA
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	
<i>mesalamine cap dr 400 mg</i>	Tier 1	
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	Tier 1	
<i>mesalamine suppos 1000 mg</i>	Tier 1	
<i>mesalamine tab delayed release 1.2 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 1	
<i>sulfasalazine tab 500 mg</i>	Tier 1	
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAP 72MCG	Tier 2	
LINZESS CAP 145MCG	Tier 2	
LINZESS CAP 290MCG	Tier 2	
<i>lubiprostone cap 8 mcg</i>	Tier 1	
<i>lubiprostone cap 24 mcg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 1	PA
LAXATIVES		
CLENPIQ SOL	Tier 0	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose</i>	Tier 1	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>generlac</i>	Tier 1	
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
OSMOPREP TAB 1.5GM	Tier 3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
PEG-PREP KIT	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Tier 1	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 1	
<i>misoprostol tab 100 mcg</i>	Tier 1	\$0 copay based on your plan/benefit
<i>misoprostol tab 200 mcg</i>	Tier 1	\$0 copay based on your plan/benefit
MOVANTIK TAB 12.5MG	Tier 2	
MOVANTIK TAB 25MG	Tier 2	
SUCRAID SOL 8500/ML	Tier 3	PA, QL (354 mL every 30 days)
<i>sucralfate tab 1 gm</i>	Tier 1	
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	Tier 2	PA
CREON CAP 6000UNIT	Tier 2	PA
CREON CAP 12000UNIT	Tier 2	PA
CREON CAP 24000UNIT	Tier 2	PA
CREON CAP 36000UNIT	Tier 2	PA
VIOKACE TAB 10440	Tier 2	PA
VIOKACE TAB 20880	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 2	PA
ZENPEP CAP 5000UNIT	Tier 2	PA
ZENPEP CAP 10000UNIT	Tier 2	PA
ZENPEP CAP 15000UNIT	Tier 2	PA
ZENPEP CAP 20000UNIT	Tier 2	PA
ZENPEP CAP 25000UNIT	Tier 2	PA
ZENPEP CAP 40000UNIT	Tier 2	PA
PROTON PUMP INHIBITORS§		
<i>dexlansoprazole cap delayed release 30 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>dexlansoprazole cap delayed release 60 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	QL (90 caps every 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Tier 1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	QL (90 caps every 365 days)
NEXIUM GRA 2.5MG DR	Tier 3	QL (90 packets every 365 days); Covered for age less than 1 year only
NEXIUM GRA 5MG DR	Tier 3	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Tier 3	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Tier 3	QL (90 packets every 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (90 tabs every 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (90 tabs every 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	QL (90 tabs every 365 days)

RECTAL, CORTICOSTEROIDS

<i>hydrocortisone perianal cream 1%</i>	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
<i>proctozone-hc</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	Tier 1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	
CARDURA XL TAB 4MG	Tier 3	ST; PA**
CARDURA XL TAB 8MG	Tier 3	ST; PA**
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	
<i>dutasteride cap 0.5 mg</i>	Tier 1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	
<i>finasteride tab 5 mg</i>	Tier 1	
<i>silodosin cap 4 mg</i>	Tier 1	
<i>silodosin cap 8 mg</i>	Tier 1	
<i>tadalafil tab 2.5 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	

CONTRACEPTIVES

ENCARE SUP 100MG	Tier 0	OTC
GYNOL II GEL 3%	Tier 0	OTC
PHEXXI GEL	Tier 0	
TODAY SPONGE MIS	Tier 0	OTC
VCF VAGINAL AER CONTRACP	Tier 0	OTC
VCF VAGINAL GEL CONTRACE	Tier 0	OTC
VCF VAGINAL MIS CONTRACP	Tier 0	OTC

ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 25 mg</i>	Tier 1	QL (6 tabs per month)
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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate tab 50 mg</i>	Tier 1	QL (6 tabs per month)
<i>sildenafil citrate tab 100 mg</i>	Tier 1	QL (6 tabs per month)
<i>tadalafil tab 10 mg</i>	Tier 1	QL (6 tabs per month)
<i>tadalafil tab 20 mg</i>	Tier 1	QL (6 tabs per month)

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	Tier 1	
<i>bethanechol chloride tab 10 mg</i>	Tier 1	
<i>bethanechol chloride tab 25 mg</i>	Tier 1	
<i>bethanechol chloride tab 50 mg</i>	Tier 1	
ELMIRON CAP 100MG	Tier 3	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	
<i>urinary pain relief</i>	Tier 1	OTC

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 1	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 1	
GEMTESA TAB 75MG	Tier 3	
MYRBETRIQ SUS 8MG/ML	Tier 2	
MYRBETRIQ TAB 25MG	Tier 2	
MYRBETRIQ TAB 50MG	Tier 2	
<i>oxybutynin chloride solution 5 mg/5ml</i>	Tier 1	
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	
<i>solifenacin succinate tab 5 mg</i>	Tier 1	
<i>solifenacin succinate tab 10 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Tier 1	
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trosipium chloride cap er 24hr 60 mg</i>	Tier 1	
<i>trosipium chloride tab 20 mg</i>	Tier 1	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	Tier 2	
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	
GYNAZOLE-1 CRE 2%	Tier 3	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	
<i>miconazole 3</i>	Tier 1	
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	Tier 1	
ELIQUIS ST P TAB 5MG	Tier 2	
ELIQUIS TAB 2.5MG	Tier 2	
ELIQUIS TAB 5MG	Tier 2	
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	
FRAGMIN INJ 2500/0.2	Tier 3	
FRAGMIN INJ 2500/ML	Tier 3	
FRAGMIN INJ 5000/0.2	Tier 3	
FRAGMIN INJ 7500/0.3	Tier 3	
FRAGMIN INJ 10000/ML	Tier 3	
FRAGMIN INJ 12500UNT	Tier 3	
FRAGMIN INJ 15000UNT	Tier 3	
FRAGMIN INJ 18000UNT	Tier 3	
FRAGMIN INJ 95000UNT	Tier 3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	
<i>jantoven</i>	Tier 1	
PRADAXA CAP 75MG	Tier 3	
PRADAXA CAP 110MG	Tier 3	
<i>warfarin sodium tab 1 mg</i>	Tier 1	
<i>warfarin sodium tab 2 mg</i>	Tier 1	
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	
<i>warfarin sodium tab 3 mg</i>	Tier 1	
<i>warfarin sodium tab 4 mg</i>	Tier 1	
<i>warfarin sodium tab 5 mg</i>	Tier 1	
<i>warfarin sodium tab 6 mg</i>	Tier 1	
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	
<i>warfarin sodium tab 10 mg</i>	Tier 1	
XARELTO STAR TAB 15/20MG	Tier 2	
XARELTO SUS 1MG/ML	Tier 2	
XARELTO TAB 2.5MG	Tier 2	
XARELTO TAB 10MG	Tier 2	
XARELTO TAB 15MG	Tier 2	
XARELTO TAB 20MG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	Tier 4	PA
ARANESP INJ 25MCG	Tier 4	PA
ARANESP INJ 40MCG	Tier 4	PA
ARANESP INJ 60MCG	Tier 4	PA
ARANESP INJ 100MCG	Tier 4	PA
ARANESP INJ 150MCG	Tier 4	PA
ARANESP INJ 200MCG	Tier 4	PA
ARANESP INJ 300MCG	Tier 4	PA
ARANESP INJ 500MCG	Tier 4	PA
DOPTELET TAB 20MG (10 TABLETS)	Tier 4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	Tier 4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	Tier 4	PA, QL (2 cartons every 30 days)
FYLNETRA INJ 6MG/0.6	Tier 4	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	Tier 4	PA
MIRCERA INJ 50MCG	Tier 4	PA
MIRCERA INJ 75MCG	Tier 4	PA
MIRCERA INJ 100MCG	Tier 4	PA
MIRCERA INJ 120MCG	Tier 4	PA
MIRCERA INJ 150MCG	Tier 4	PA
MIRCERA INJ 200MCG	Tier 4	PA
NIVESTYM INJ 300/0.5	Tier 4	PA
NIVESTYM INJ 300MCG	Tier 4	PA
NIVESTYM INJ 480/0.8	Tier 4	PA
NIVESTYM INJ 480MCG	Tier 4	PA
NYVEPRIA INJ 6/0.6ML	Tier 4	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	Tier 4	PA
RETACRIT INJ 3000UNIT	Tier 4	PA
RETACRIT INJ 4000UNIT	Tier 4	PA
RETACRIT INJ 10000UNT	Tier 4	PA
RETACRIT INJ 20000UNI	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 40000UNT	Tier 4	PA
ZIEXTENZO INJ 6/0.6ML	Tier 4	PA, QL (2 injections every 28 days)

HEMOPHILIA A AGENTS

HEMLIBRA INJ 30MG/ML	Tier 5	PA
HEMLIBRA INJ 60/0.4	Tier 5	PA
HEMLIBRA INJ 105/0.7	Tier 5	PA
HEMLIBRA INJ 150/ML	Tier 5	PA

MISCELLANEOUS

<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	
<i>cilostazol tab 50 mg</i>	Tier 1	
<i>cilostazol tab 100 mg</i>	Tier 1	
DROXIA CAP 200MG	Tier 2	
DROXIA CAP 300MG	Tier 2	
DROXIA CAP 400MG	Tier 2	
<i>pentoxifylline tab er 400 mg</i>	Tier 1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	M	M
<i>tranexamic acid tab 650 mg</i>	Tier 1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
BRILINTA TAB 60MG	Tier 2	
BRILINTA TAB 90MG	Tier 2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Tier 1	
<i>dipyridamole tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	
YOSPRALA TAB 81-40MG	Tier 3	
YOSPRALA TAB 325-40MG	Tier 3	
ZONTIVITY TAB 2.08MG	Tier 2	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

ACTEMRA INJ 80MG/4ML	Tier 5	ST, PA, QL (10 vials every 14 days)
ACTEMRA INJ 200/10ML	Tier 5	ST, PA, QL (4 vials every 14 days)
ACTEMRA INJ 400/20ML	Tier 5	ST, PA, QL (2 vials every 14 days)
INFLIXIMAB INJ 100MG	M	M
SIMPONI ARIA SOL 50MG/4ML	M	M
SKYRIZI SOL 60MG/ML	Tier 4	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)

ACTEMRA INJ 162/0.9	Tier 5	ST, PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 150MG/ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	Tier 4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	Tier 4	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	Tier 4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 10/0.1ML	Tier 4	PA, QL (2 injections every 28 days)
HUMIRA INJ 20/0.2ML	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA INJ 40/0.4ML	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA KIT 40MG/0.8	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	Tier 4	PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	Tier 4	PA, QL (Starter pack - initial dose only); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA PEN INJ 40MG/0.8	Tier 4	PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 80/0.8ML	Tier 4	PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	Tier 4	PA, QL (Starter pack - initial dose only)
HYRIMOZ INJ 10/0.1ML	Tier 4	PA, QL (2 syringes every 28 days)
HYRIMOZ INJ 20/0.2ML	Tier 4	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ INJ 40/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 80/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ-CROH INJ UC SP	Tier 4	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PED INJ CROHNS	Tier 4	PA, QL (Starter pack - initial dose only)

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PLAQ INJ PSORIASI	Tier 4	PA, QL (Starter pack - initial dose only)
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
OTEZLA TAB 10/20/30	Tier 4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
RINVOQ TAB 15MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 30MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TAB 45MG ER	Tier 4	PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.
SIMPONI INJ 50/0.5ML	Tier 5	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	Tier 5	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 150DOSE	Tier 4	PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI INJ 360/2.4	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI PEN INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA INJ 45MG/0.5	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 140

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Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ INJ 80MG/ML	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	Tier 4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ SOL 1MG/ML	Tier 4	PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 0	\$0 copay based on your plan/benefit

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Drug Name	Drug Tier	Requirements/Limits
HEREDITARY ANGIOEDEMA		
HAEGARDA INJ 2000UNIT	Tier 5	PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	Tier 5	PA, QL (20 vials every 30 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	Tier 4	PA, QL (45 syringes every 90 days)
IMMUNOGLOBULIN		
HYQVIA INJ 2.5-200	Tier 4	PA
HYQVIA INJ 5-400	Tier 4	PA
HYQVIA INJ 10-800	Tier 4	PA
HYQVIA INJ 20-1600	Tier 4	PA
HYQVIA INJ 30-2400	Tier 4	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	Tier 5	PA
ARCALYST INJ 220MG	Tier 4	PA, QL (8 vials every 28 days)
INTRON A INJ 10MU	Tier 4	PA
INTRON A INJ 18MU	Tier 4	PA
INTRON A INJ 50MU	Tier 4	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	Tier 3	
ASTAGRAF XL CAP 1MG	Tier 3	
ASTAGRAF XL CAP 5MG	Tier 3	
<i>azathioprine tab 50 mg</i>	Tier 1	
<i>azathioprine tab 75 mg</i>	Tier 1	
<i>azathioprine tab 100 mg</i>	Tier 1	
CELLCEPT CAP 250MG	Tier 3	
CELLCEPT IV INJ 500MG	M	M
CELLCEPT SUS 200MG/ML	Tier 3	
CELLCEPT TAB 500MG	Tier 3	
<i>cyclosporine cap 25 mg</i>	Tier 1	
<i>cyclosporine cap 100 mg</i>	Tier 1	
<i>cyclosporine iv soln 50 mg/ml</i>	M	M
<i>cyclosporine modified cap 25 mg</i>	Tier 1	
<i>cyclosporine modified cap 50 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified cap 100 mg</i>	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	
ENVARUSUS XR TAB 0.75MG	Tier 3	
ENVARUSUS XR TAB 1MG	Tier 3	
ENVARUSUS XR TAB 4MG	Tier 3	
<i>everolimus tab 0.5 mg</i>	Tier 1	
<i>everolimus tab 0.25 mg</i>	Tier 1	
<i>everolimus tab 0.75 mg</i>	Tier 1	
<i>everolimus tab 1 mg</i>	Tier 1	
<i>engraf</i>	Tier 1	
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	M	M
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	
MYFORTIC TAB 180MG	Tier 3	
MYFORTIC TAB 360MG	Tier 3	
NEORAL CAP 25MG	Tier 3	
NEORAL CAP 100MG	Tier 3	
NEORAL SOL 100MG/ML	Tier 3	
NULOJIX INJ 250MG	Tier 3	
PROGRAF CAP 0.5MG	Tier 3	
PROGRAF CAP 1MG	Tier 3	
PROGRAF CAP 5MG	Tier 3	
PROGRAF GRA 0.2MG	Tier 3	
PROGRAF GRA 1MG	Tier 3	
PROGRAF INJ 5MG/ML	M	M
RAPAMUNE SOL 1MG/ML	Tier 3	
RAPAMUNE TAB 0.5MG	Tier 3	
RAPAMUNE TAB 1MG	Tier 3	
RAPAMUNE TAB 2MG	Tier 3	
SANDIMMUNE CAP 25MG	Tier 3	

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Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAP 100MG	Tier 3	
SANDIMMUNE INJ 50MG/ML	M	M
SANDIMMUNE SOL 100MG/ML	Tier 3	
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	
<i>sirolimus tab 0.5 mg</i>	Tier 1	
<i>sirolimus tab 1 mg</i>	Tier 1	
<i>sirolimus tab 2 mg</i>	Tier 1	
<i>tacrolimus cap 0.5 mg</i>	Tier 1	
<i>tacrolimus cap 1 mg</i>	Tier 1	
<i>tacrolimus cap 5 mg</i>	Tier 1	
ZORTRESS TAB 0.5MG	Tier 3	
ZORTRESS TAB 0.25MG	Tier 3	
ZORTRESS TAB 0.75MG	Tier 3	
ZORTRESS TAB 1MG	Tier 3	

MISCELLANEOUS

BEYFORTUS INJ 50/0.5ML	M	M
BEYFORTUS INJ 100MG/ML	M	M

VACCINES

ABRYSCO INJ	Tier 0	
ACTHIB INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	Tier 0	
AREXVY INJ 120MCG	Tier 0	
BEXSERO INJ	Tier 0	
BOOSTRIX INJ	Tier 0	
COMIRNATY INJ 30/0.3ML	Tier 0	
DAPTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	M	M
DIP/TET PED INJ 25-5LFU	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	Tier 0	
ENGERIX-B INJ 20MCG/ML	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
FLUMIST	Tier 0	
GARDASIL 9 INJ	Tier 0	
HAVRIX INJ 720UNIT	Tier 0	
HAVRIX INJ 1440UNIT	Tier 0	
HEPLISAV-B INJ 20/0.5ML	Tier 0	
HIBERIX SOL 10MCG	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	Tier 0	
IPOL INJ INACTIVE	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	Tier 0	
MENACTRA INJ	Tier 0	
MENQUADFI INJ	Tier 0	
MENVEO INJ	Tier 0	
MENVEO SOL	Tier 0	
MODERNA INJ 6MO-11Y	Tier 0	
NOVAVAX VAC INJ COVID-19	Tier 0	
PEDIARIX INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER 5-11Y INJ 2023-24	Tier 0	
PFIZER 6M-4Y INJ 2023-24	Tier 0	
PNEUMOVAX 23 INJ 25/0.5	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIO SUS 10MCG/ML	Tier 0	
PREVNAR 13 INJ	Tier 0	
PREVNAR 20 INJ	Tier 0	
PRIORIX INJ	Tier 0	
PROQUAD INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	Tier 0	
RECOMBIVA HB INJ 10MCG/ML	Tier 0	
RECOMBIVA-HB INJ 40MCG/ML	Tier 0	
ROTARIX SUS	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 50/0.5ML	Tier 0	
TDVAX INJ 2-2 LF	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	Tier 0	
TWINRIX INJ	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	Tier 0	

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Drug Name	Drug Tier	Requirements/Limits
VAQTA INJ 50UNT/ML	Tier 0	
VARIVAX INJ	Tier 0	
VAXELIS INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	Tier 0	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>effer-k</i>	Tier 1	
<i>fluoritab</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>klor-con 8</i>	Tier 1	
<i>klor-con 10</i>	Tier 1	
<i>klor-con m15</i>	Tier 1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	M	M
<i>magnesium sulfate inj 50%</i>	M	M
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	M	M
<i>monoject sodium chloride</i>	M	M
<i>nafrinse drops</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride cap er 8 meq</i>	Tier 1	
<i>potassium chloride cap er 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	
<i>potassium chloride tab er 10 meq</i>	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	M	M
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	

IV REPLACEMENT SOLUTIONS

<i>potassium chloride inj 2 meq/ml</i>	M	M
<i>sodium chloride iv soln 0.9%</i>	M	M
<i>sodium chloride iv soln 0.45%</i>	M	M
<i>sodium chloride iv soln 3%</i>	M	M
<i>sodium chloride iv soln 5%</i>	M	M
<i>sodium chloride preservative free (pf) inj 0.9%</i>	M	M

PRENATAL VITAMINS

<i>CITRANATAL CAP HARMONY</i>	Tier 2	
<i>CITRANATAL CAP MEDLEY</i>	Tier 2	
<i>CITRANATAL MIS 90 DHA</i>	Tier 2	
<i>CITRANATAL MIS B-CALM</i>	Tier 2	
<i>CITRANATAL PAK ASSURE</i>	Tier 2	
<i>CITRANATAL PAK DHA</i>	Tier 2	
<i>CITRANATAL TAB BLOOM</i>	Tier 2	
<i>elite-ob</i>	Tier 1	
<i>inatal gt</i>	Tier 1	
<i>pnv-dha</i>	Tier 1	
<i>pnv-select</i>	Tier 1	
<i>prenatal 19</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trinate</i>	Tier 1	
VITAMINS		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	
<i>calcitriol cap 0.25 mcg</i>	Tier 1	
<i>calcitriol oral soln 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	
<i>doxercalciferol cap 0.5 mcg</i>	Tier 1	
<i>doxercalciferol cap 1 mcg</i>	Tier 1	
<i>doxercalciferol cap 2.5 mcg</i>	Tier 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>folic acid cap 0.8 mg</i>	Tier 0	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 1 mg</i>	Tier 1	
<i>folic acid tab 400 mcg</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 800 mcg</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vitamin/fluoride dr</i>	Tier 1	
<i>multi-vitamin/fluoride/ir</i>	Tier 1	
<i>multivitamin/fluoride</i>	Tier 1	
<i>paricalcitol cap 1 mcg</i>	Tier 1	
<i>paricalcitol cap 2 mcg</i>	Tier 1	
<i>paricalcitol cap 4 mcg</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>tri-vite/fluoride</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>vitamins a/c/d/fluoride</i>	Tier 1	
<i>westab max</i>	Tier 1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
BLEPHAMIDE OIN S.O.P.	Tier 2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
PRED-G SUS OP	Tier 3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
TOBRADEX ST SUS 0.3-0.05	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 3	

ANTI-INFECTIVES

AZASITE SOL 1%	Tier 2	
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUS 0.6%	Tier 3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	
<i>gentak</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (20 mL every 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	
NATACYN SUS 5% OP	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polycin</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium ophth oint 10%</i>	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
<i>trifluridine ophth soln 1%</i>	Tier 1	
<i>ZIRGAN GEL 0.15%</i>	Tier 3	

ANTI-INFLAMMATORIES

<i>ACUVAIL SOL 0.45%</i>	Tier 2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>difluprednate ophth emulsion 0.05%</i>	Tier 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>FML OIN 0.1% OP</i>	Tier 2	
<i>ILEVRO DRO 0.3% OP</i>	Tier 2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	
<i>NEVANAC SUS 0.1% OP</i>	Tier 2	
<i>PRED SOD PHO SOL 1% OP</i>	Tier 2	
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	

ANTIALLERGICS

<i>ALOCRI SOL 2%</i>	Tier 3	
<i>ALOMIDE SOL 0.1% OP</i>	Tier 3	
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 1	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	
ZERVIAE DRO 0.24%	Tier 3	

ANTIGLAUCOMA

ALPHAGAN P SOL 0.1%	Tier 3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	
BETIMOL SOL 0.5%	Tier 3	
BETIMOL SOL 0.25%	Tier 3	
BETOPTIC-S SUS 0.25% OP	Tier 2	
<i>brimonidine tartrate ophth soln 0.1%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	
<i>brinzolamide ophth susp 1%</i>	Tier 1	
<i>carteolol hcl ophth soln 1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1	
IOPIDINE SOL 1% OP	Tier 3	
<i>latanoprost ophth soln 0.005%</i>	Tier 1	
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	
LUMIGAN SOL 0.01%	Tier 2	ST; PA**
PHOSPHOLINE SOL 0.125%OP	Tier 3	
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	

DRY EYE DISEASE

RESTASIS EMU 0.05% OP	Tier 1	Tier 1 with DAW 9
RESTASIS MUL EMU 0.05% OP	Tier 2	Multi-dose vial remains on preferred brand tier

MISCELLANEOUS

<i>atropine sulfate ophth soln 1%</i>	Tier 1	
CYSTARAN SOL 0.44%	Tier 5	PA, QL (4 bottles every 28 days)
LACRISERT MIS 5MG OP	Tier 3	
<i>phenylephrine hcl ophth soln 2.5%</i>	Tier 1	
<i>phenylephrine hcl ophth soln 10%</i>	Tier 1	
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 1%</i>	Tier 1	

OTHER

IRRIGATION SOLUTIONS

<i>physiolyte</i>	M	M
<i>physiosol irrigation</i>	M	M

RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

PROLASTIN-C INJ 1000MG	M	M
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ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 1	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	Tier 2	QL (4 auto-injectors every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EPIPEN-JR INJ 0.15MG	Tier 2	QL (4 auto-injectors every 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
ANORO ELLIPT AER 62.5-25	Tier 2	QL (1 package every 30 days)
BEVESPI AER 9-4.8MCG	Tier 2	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (6 boxes every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§		
BREZTRI AERO AER SPHERE	Tier 2	QL (1 package every 30 days)
TRELEGY AER 100MCG	Tier 2	QL (1 package every 30 days)
TRELEGY AER 200MCG	Tier 2	QL (1 package every 30 days)
ANTICHOLINERGICS§		
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	
SPIRIVA AER 1.25MCG	Tier 2	QL (1 package every 30 days)
SPIRIVA CAP HANDIHLR	Tier 2	QL (1 package every 30 days)
SPIRIVA SPR 2.5MCG	Tier 2	QL (1 package every 30 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	Tier 1	QL (1 package every 30 days)
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
ANTIHISTAMINES§		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (2 bottles every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Tier 1	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	
<i>desloratadine tab 5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 5 mg</i>	Tier 1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 25 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 50 mg/ml</i>	M	M
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 1	QL (1 container every 30 days)
<i>ryclora</i>	Tier 3	PA; High Risk Medications require PA for members age 70 and older

BETA AGONISTS§

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (120 vials every 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (5 boxes every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate tab 2 mg</i>	Tier 1	
<i>albuterol sulfate tab 4 mg</i>	Tier 1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Tier 1	QL (60 vials every 30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Tier 1	QL (60 vials every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	QL (45 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 1	QL (2 inhalers every 30 days)
SEREVENT DIS AER 50MCG	Tier 2	QL (1 package every 30 days)
STRIVERDI AER 2.5MCG	Tier 2	QL (1 package every 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	
COLD/COUGH		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	QL (60 mL every day), OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 1	QL (10 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Tier 1	QL (6 tabs every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromet</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine vc</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine vc/codeine</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	
TUZISTRA XR SUS	Tier 3	QL (20 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

CYSTIC FIBROSIS

CAYSTON INH 75MG	Tier 4	PA, QL (84 vials every 28 days)
KALYDECO GRA 13.4MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 25MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO TAB 150MG	Tier 4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	Tier 4	PA, QL (56 packets every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	Tier 4	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	Tier 4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	Tier 4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	Tier 4	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 4	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 4	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	Tier 4	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	Tier 4	PA, QL (84 tabs every 28 days)

LEUKOTRIENE MODIFIERS

<i>zileuton tab er 12hr 600 mg</i>	Tier 3	PA
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LEUKOTRIENE RECEPTOR ANTAGONISTS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Tier 1
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1
<i>zafirlukast tab 10 mg</i>	Tier 1
<i>zafirlukast tab 20 mg</i>	Tier 1

MAST CELL STABILIZERS§

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	QL (2 boxes every 30 days)
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MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	Tier 1
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Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine inhal soln 20%</i>	Tier 1	
<i>roflumilast tab 250 mcg</i>	Tier 1	PA
<i>roflumilast tab 500 mcg</i>	Tier 1	PA
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	
<i>sodium chloride soln nebu 3%</i>	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	
<i>sodium chloride soln nebu 10%</i>	Tier 1	

NASAL STEROIDS

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	QL (3 containers every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (1 container every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	Tier 1	QL (2 packages every 30 days)
OMNARIS SPR	Tier 3	ST, QL (1 package every 30 days); PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 1	QL (1 package every 30 days), OTC

PULMONARY FIBROSIS AGENTS

OFEV CAP 100MG	Tier 4	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	Tier 4	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	Tier 4	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	Tier 4	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	Tier 4	PA, QL (90 tabs every 30 days)

RESPIRATORY THERAPY SUPPLIES

AEROCHAMBER MIS PLUS	Tier 2	
FLEXICHAMBER MIS MASK SM	Tier 2	
HOLD CHAMBER MIS MEDIUM	Tier 2	OTC
PANDA MASK MIS PEDIATRI	Tier 2	OTC

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Drug Name	Drug Tier	Requirements/Limits
SEVERE ASTHMA AGENTS		
FASENRA INJ 30MG/ML	Tier 4	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	Tier 4	PA, QL (1 syringe every 56 days)
XOLAIR INJ 75/0.5	Tier 4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	Tier 4	PA, QL (8 syringes every 28 days)
XOLAIR SOL 150MG	Tier 4	PA, QL (8 vials every 28 days)
STEROID INHALANTS§		
ALVESCO AER 80MCG	Tier 3	QL (3 packages every 30 days)
ALVESCO AER 160MCG	Tier 3	QL (2 packages every 30 days)
ARNUITY ELPT INH 50MCG	Tier 3	QL (1 package every 30 days)
ARNUITY ELPT INH 100MCG	Tier 3	QL (1 package every 30 days)
ARNUITY ELPT INH 200MCG	Tier 3	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	Tier 1	QL (1 box every 30 days)
PULMICORT INH 90MCG	Tier 2	QL (3 packages every 30 days)
PULMICORT INH 180MCG	Tier 2	QL (2 packages every 30 days)
QVAR REDIIHA AER 80MCG	Tier 2	QL (2 packages every 30 days)
QVAR REDIIHAL AER 40MCG	Tier 2	QL (2 packages every 30 days)
STEROID/BETA-AGONIST COMBINATIONS§		
ADVAIR DISKU AER 100/50	Tier 1	QL (1 package every 30 days); Tier 1 with DAW 9

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKU AER 250/50	Tier 1	QL (1 package every 30 days); Tier 1 with DAW 9
ADVAIR DISKU AER 500/50	Tier 1	QL (1 package every 30 days); Tier 1 with DAW 9
ADVAIR HFA AER 45/21	Tier 2	QL (1 package every 30 days)
ADVAIR HFA AER 115/21	Tier 2	QL (1 package every 30 days)
ADVAIR HFA AER 230/21	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	Tier 2	QL (1 package every 30 days)
SYMBICORT AER 80-4.5	Tier 2	QL (3 packages every 30 days)
SYMBICORT AER 160-4.5	Tier 2	QL (3 packages every 30 days)

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	M	M
<i>theophylline elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene cream 0.1%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older

M - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>adapalene gel 0.3%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Tier 1	
<i>avita</i>	Tier 1	PA; PA applies for members age 35 and older
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 1	QL (45g every 30 days)
<i>clindamycin phosphate foam 1%</i>	Tier 1	
<i>clindamycin phosphate gel 1%</i>	Tier 1	QL (75g every 30 days)
<i>clindamycin phosphate lotion 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Tier 1	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Tier 1	QL (50g every 30 days)
<i>ery</i>	Tier 1	
<i>erythromycin gel 2%</i>	Tier 1	QL (60g every 30 days)
<i>erythromycin soln 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>isotretinoin cap 10 mg</i>	Tier 1	PA
<i>isotretinoin cap 20 mg</i>	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	Tier 1	PA; PA applies for members age 35 and older

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin gel 0.025%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	Tier 1	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil cream 5%</i>	Tier 1	
<i>fluorouracil soln 2%</i>	Tier 1	
<i>fluorouracil soln 5%</i>	Tier 1	
<i>imiquimod cream 5%</i>	Tier 1	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
IV PREP WIPE PAD	Tier 2	OTC
<i>mupirocin oint 2%</i>	Tier 1	QL (30g every 30 days)
<i>silver sulfadiazine cream 1%</i>	Tier 1	
<i>ssd</i>	Tier 1	
SULFAMYLON CRE 85MG/GM	Tier 3	
XEPI CRE 1%	Tier 3	PA, QL (30g every 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel 0.77%</i>	Tier 1	QL (120g every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (120g every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	Tier 1	QL (120 mL every 30 days)
<i>ciclopirox solution 8%</i>	Tier 1	
<i>clotrimazole cream 1%</i>	Tier 1	QL (120g every 30 days)
<i>clotrimazole soln 1%</i>	Tier 1	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	QL (60 mL every 30 days)
<i>econazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
ERTACZO CRE 2%	Tier 3	QL (60g every 30 days)
JUBLIA SOL 10%	Tier 3	PA, QL (4 mL every 28 days)
<i>ketoconazole cream 2%</i>	Tier 1	QL (120g every 30 days)
<i>luliconazole cream 1%</i>	Tier 3	QL (60g every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MENTAX CRE 1%	Tier 3	QL (60g every 30 days)
<i>naftifine hcl cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>naftifine hcl cream 2%</i>	Tier 1	QL (60g every 30 days)
<i>nyamyc</i>	Tier 1	QL (120g every 30 days)
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	QL (60g every 30 days)
<i>nystop</i>	Tier 1	QL (120g every 30 days)
<i>oxiconazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>sulconazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>sulconazole nitrate solution 1%</i>	Tier 1	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl cream 5%</i>	Tier 3	QL (45g every 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	Tier 1	
<i>acitretin cap 17.5 mg</i>	Tier 1	
<i>acitretin cap 25 mg</i>	Tier 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	ST, QL (60 mL every 30 days); PA**
<i>calcitriol oint 3 mcg/gm</i>	Tier 3	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	Tier 1	
<i>tazarotene cream 0.1%</i>	Tier 1	PA
<i>tazarotene gel 0.1%</i>	Tier 1	PA
<i>tazarotene gel 0.05%</i>	Tier 1	PA
TAZORAC CRE 0.05%	Tier 2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	Tier 1	
DERMATOLOGY, ATOPIC DERMATITIS		
EUCRISA OIN 2%	Tier 2	ST, QL (60g every 30 days); PA**

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Drug Name	Drug Tier	Requirements/Limits
<i>pimecrolimus cream 1%</i>	Tier 3	ST; PA**
<i>tacrolimus oint 0.1%</i>	Tier 3	ST; PA**
<i>tacrolimus oint 0.03%</i>	Tier 3	ST; PA**

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>	Tier 1	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>amcinonide cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>amcinonide lotion 0.1%</i>	Tier 1	QL (120 mL every 30 days)
<i>amcinonide oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (120g every 30 days)
BRYHALI LOT 0.01%	Tier 2	QL (120 mL every 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 3	ST, QL (60g every 30 days); PA**
<i>clobetasol propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	Tier 3	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone cream 0.25%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone spray 0.25%</i>	Tier 3	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	Tier 3	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	Tier 3	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (120g every 30 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	Tier 1	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (120 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (120 mL every 30 days)
<i>prednicarbate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	QL (120g every 30 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine hcl soln 4%</i>	Tier 1	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	Tier 1	QL (50g every 30 days)
<i>lidocaine pain relief pat</i>	Tier 1	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 1	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (30g every 30 days)
SYNERA DIS 70-70MG	Tier 3	QL (2 patches every 30 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir cream 5%</i>	Tier 3	
<i>bexarotene gel 1%</i>	Tier 4	PA
CONDYLOX GEL 0.5%	Tier 3	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 3	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	QL (300g every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	QL (300g every 30 days), OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	
<i>penciclovir cream 1%</i>	Tier 1	
<i>podofilox soln 0.5%</i>	Tier 1	
RECTIV OIN 0.4%	Tier 3	
VOLTAREN GEL 1% ARTHR	Tier 1	QL (300g every 30 days), OTC

DERMATOLOGY, ROSACEA

<i>azelaic acid gel 15%</i>	Tier 1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	Tier 1	PA
FINACEA AER 15%	Tier 2	
<i>ivermectin cream 1%</i>	Tier 1	PA
<i>metronidazole cream 0.75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (60 mL every 30 days)

DERMATOLOGY, SCABICIDES AND PEDICULICIDES

<i>crotan</i>	Tier 1	
<i>cvs ivermectin lice treat</i>	Tier 1	OTC
<i>cvs lice treatment</i>	Tier 1	OTC
<i>ivermectin lotion 0.5%</i>	Tier 1	
<i>lice treatment</i>	Tier 1	OTC
<i>malathion lotion 0.5%</i>	Tier 1	ST; PA**
<i>permethrin cream 5%</i>	Tier 1	
<i>spinosad susp 0.9%</i>	Tier 1	ST; PA**

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL 0.01%	Tier 3	PA, QL (30g every 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	M	M

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl cap 30 mg</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (90 lozenges every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl laryngotracheal soln 4%</i>	Tier 1	
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
<i>oralone dental paste</i>	Tier 1	
ORAVIG TAB 50MG	Tier 3	QL (14 tabs every 30 days)
<i>periogard</i>	Tier 1	
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	

OTIC

<i>acetic acid otic soln 2%</i>	Tier 1	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Tier 3	
CORTISPORIN SUS -TC OTIC	Tier 3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin otic soln 0.3%</i>	Tier 1	

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<i>bexarotene gel 1%</i>	168	<i>budesonide inhalation susp 0.5 mg/2ml</i>	161
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<i>6.25 mg</i>	51	<i>mg (base equiv)</i>	90
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>mg</i>	51	<i>0.5 mg (base equiv)</i>	90
<i>bisoprolol fumarate tab 10 mg</i>	51	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>bisoprolol fumarate tab 5 mg</i>	51	<i>mg (base equiv)</i>	90
<i>bleomycin sulfate for inj 15 unit</i>	30	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>bleomycin sulfate for inj 30 unit</i>	30	<i>mg (base equiv)</i>	90
BLEPHAMIDE OIN S.O.P.	150	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
BOOSTRIX INJ	144	<i>mg (base equiv)</i>	90
<i>bosentan tab 125 mg</i>	59	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
<i>bosentan tab 62.5 mg</i>	59	<i>mg (base equiv)</i>	90
BREO ELLIPTA INH 100-25	162	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	
BREO ELLIPTA INH 200-25	162	91
BREO ELLIPTA INH 50-25MCG	162	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	
BREZTRI AERO AER SPHERE	154	91
BRILINTA TAB 60MG	135	<i>buprenorphine td patch weekly 10 mcg/hr</i>	
BRILINTA TAB 90MG	135	13
<i>brimonidine tartrate gel 0.33% (base</i>		<i>buprenorphine td patch weekly 15 mcg/hr</i>	
<i>equivalent)</i>	169	13
<i>brimonidine tartrate ophth soln 0.1%</i>	152	<i>buprenorphine td patch weekly 20 mcg/hr</i>	
<i>brimonidine tartrate ophth soln 0.15%</i>	152	13
<i>brimonidine tartrate ophth soln 0.2%</i>	152	<i>buprenorphine td patch weekly 5 mcg/hr</i>	13
<i>brimonidine tartrate-timolol maleate ophth</i>		<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	
<i>soln 0.2-0.5%</i>	152	13
<i>brinzolamide ophth susp 1%</i>	152	<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>bromfenac sodium ophth soln 0.09% (base</i>		<i>12hr 150 mg</i>	92
<i>equiv) (once-daily)</i>	151	<i>bupropion hcl tab 100 mg</i>	64
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>bupropion hcl tab 75 mg</i>	64
<i>equivalent)</i>	70	<i>bupropion hcl tab er 12hr 100 mg</i>	64
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>bupropion hcl tab er 12hr 150 mg</i>	64
<i>equivalent)</i>	70	<i>bupropion hcl tab er 12hr 200 mg</i>	64

<i>bupropion hcl tab er 24hr 150 mg</i>	64	<i>capecitabine tab 500 mg</i>	30
<i>bupropion hcl tab er 24hr 300 mg</i>	64	CAPRELSA TAB 100MG.....	35
<i>bupropion hcl tab 10 mg</i>	61	CAPRELSA TAB 300MG.....	35
<i>bupropion hcl tab 15 mg</i>	61	<i>captopril tab 100 mg</i>	43
<i>bupropion hcl tab 30 mg</i>	61	<i>captopril tab 12.5 mg</i>	43
<i>bupropion hcl tab 5 mg</i>	61	<i>captopril tab 25 mg</i>	43
<i>bupropion hcl tab 7.5 mg</i>	61	<i>captopril tab 50 mg</i>	43
<i>busulfan inj 6 mg/ml</i>	29	<i>carbamazepine cap er 12hr 100 mg</i>	75
<i>butorphanol tartrate inj 1 mg/ml</i>	3	<i>carbamazepine cap er 12hr 200 mg</i>	75
<i>butorphanol tartrate inj 2 mg/ml</i>	3	<i>carbamazepine cap er 12hr 300 mg</i>	75
<i>butorphanol tartrate nasal soln 10 mg/ml</i> ...3		<i>carbamazepine chew tab 100 mg</i>	75
C		<i>carbamazepine susp 100 mg/5ml</i>	75
<i>cabergoline tab 0.5 mg</i>	121	<i>carbamazepine tab 200 mg</i>	75
CABOMETRYX TAB 20MG.....	35	<i>carbamazepine tab er 12hr 100 mg</i>	75
CABOMETRYX TAB 40MG.....	35	<i>carbamazepine tab er 12hr 200 mg</i>	75
CABOMETRYX TAB 60MG.....	35	<i>carbamazepine tab er 12hr 400 mg</i>	76
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	166	<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	70
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	165	<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	70
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	121	<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	70
<i>calcitriol cap 0.25 mcg</i>	149	<i>carbidopa & levodopa tab 10-100 mg</i>	70
<i>calcitriol cap 0.5 mcg</i>	149	<i>carbidopa & levodopa tab 25-100 mg</i>	70
<i>calcitriol oint 3 mcg/gm</i>	165	<i>carbidopa & levodopa tab 25-250 mg</i>	70
<i>calcitriol oral soln 1 mcg/ml</i>	149	<i>carbidopa & levodopa tab er 25-100 mg</i> ..	70
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	121	<i>carbidopa & levodopa tab er 50-200 mg</i>	70
<i>calcium acetate (phosphate binder) tab 667 mg</i>	121	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	70
CALQUENCE CAP 100MG.....	35	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	70
CALQUENCE TAB 100MG.....	35	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	70
<i>camila</i>	108	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	70
CAMINO PRO LIQ 15PE.....	93	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	71
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	44	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	71
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	45	<i>carbidopa tab 25 mg</i>	70
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	45	<i>carbinoxamine maleate soln 4 mg/5ml</i> ...155	
<i>candesartan cilexetil tab 16 mg</i>	46	<i>carbinoxamine maleate tab 4 mg</i>	155
<i>candesartan cilexetil tab 32 mg</i>	46	<i>carboplatin iv soln 150 mg/15ml</i>	41
<i>candesartan cilexetil tab 4 mg</i>	46	<i>carboplatin iv soln 450 mg/45ml</i>	41
<i>candesartan cilexetil tab 8 mg</i>	46		
<i>capecitabine tab 150 mg</i>	30		

<i>carboplatin iv soln 50 mg/5ml</i>	40	<i>cefpodoxime proxetil tab 100 mg</i>	22
<i>carboplatin iv soln 600 mg/60ml</i>	41	<i>cefpodoxime proxetil tab 200 mg</i>	22
CARDURA XL TAB 4MG	130	<i>cefprozil for susp 125 mg/5ml</i>	22
CARDURA XL TAB 8MG	130	<i>cefprozil for susp 250 mg/5ml</i>	22
CAREFINE MIS 32GX6MM	112	<i>cefprozil tab 250 mg</i>	22
<i>carglumic acid soluble tab 200 mg</i>	113	<i>cefprozil tab 500 mg</i>	22
<i>carisoprodol tab 350 mg</i>	88	<i>ceftazidime for iv soln 2 gm</i>	22
<i>carisoprodol w/ aspirin & codeine tab 200-</i> <i>325-16 mg</i>	89	<i>ceftriaxone sodium for inj 10 gm</i>	22
<i>carmustine for inj 100 mg</i>	29	<i>ceftriaxone sodium for inj 1 gm</i>	22
<i>carteolol hcl ophth soln 1%</i>	152	<i>ceftriaxone sodium for inj 250 mg</i>	22
<i>cartia xt</i>	53	<i>ceftriaxone sodium for inj 2 gm</i>	22
<i>carvedilol phosphate cap er 24hr 10 mg</i> ...51		<i>ceftriaxone sodium for inj 500 mg</i>	22
<i>carvedilol phosphate cap er 24hr 20 mg</i> ...51		<i>ceftriaxone sodium for iv soln 1 gm</i>	22
<i>carvedilol phosphate cap er 24hr 40 mg</i> ...51		<i>ceftriaxone sodium for iv soln 2 gm</i>	22
<i>carvedilol phosphate cap er 24hr 80 mg</i> ...51		<i>cefuroxime axetil tab 250 mg</i>	22
<i>carvedilol tab 12.5 mg</i>	51	<i>cefuroxime axetil tab 500 mg</i>	23
<i>carvedilol tab 25 mg</i>	51	<i>celecoxib cap 100 mg</i>	1
<i>carvedilol tab 3.125 mg</i>	51	<i>celecoxib cap 200 mg</i>	1
<i>carvedilol tab 6.25 mg</i>	51	<i>celecoxib cap 50 mg</i>	1
CAYA DPR	108	CELLCEPT CAP 250MG.....	142
CAYSTON INH 75MG.....	158	CELLCEPT IV INJ 500MG.....	142
<i>cefaclor cap 250 mg</i>	21	CELLCEPT SUS 200MG/ML.....	142
<i>cefaclor cap 500 mg</i>	21	CELLCEPT TAB 500MG.....	142
<i>cefaclor for susp 125 mg/5ml</i>	21	<i>cephalexin cap 250 mg</i>	23
<i>cefaclor for susp 250 mg/5ml</i>	21	<i>cephalexin cap 500 mg</i>	23
<i>cefaclor for susp 375 mg/5ml</i>	21	<i>cephalexin cap 750 mg</i>	23
<i>cefadroxil cap 500 mg</i>	21	<i>cephalexin for susp 125 mg/5ml</i>	23
<i>cefadroxil for susp 250 mg/5ml</i>	21	<i>cephalexin for susp 250 mg/5ml</i>	23
<i>cefadroxil for susp 500 mg/5ml</i>	21	<i>cephalexin tab 250 mg</i>	23
<i>cefadroxil tab 1 gm</i>	21	<i>cephalexin tab 500 mg</i>	23
<i>cefazolin sodium for inj 1 gm</i>	21	CERDELGA CAP 84MG.....	113
<i>cefdinir cap 300 mg</i>	21	<i>cevimeline hcl cap 30 mg</i>	169
<i>cefdinir for susp 125 mg/5ml</i>	21	<i>chateal eq</i>	108
<i>cefdinir for susp 250 mg/5ml</i>	22	CHEMET CAP 100MG	108
<i>cefepime hcl for inj 1 gm</i>	22	CHEMSTRIP 9 TES STRIPS	112
<i>cefepime hcl for iv soln 2 gm</i>	22	<i>chlordiazepoxide-amitriptyline tab 10-25</i> <i>mg</i>	91
<i>cefixime cap 400 mg</i>	22	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i> <i>mg</i>	91
<i>cefixime for susp 100 mg/5ml</i>	22	<i>chlordiazepoxide hcl cap 10 mg</i>	61
<i>cefixime for susp 200 mg/5ml</i>	22	<i>chlordiazepoxide hcl cap 25 mg</i>	61
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	22	<i>chlordiazepoxide hcl cap 5 mg</i>	61
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	22	<i>chlorhexidine gluconate soln 0.12%</i>	169
		<i>chloroquine phosphate tab 250 mg</i>	15

<i>chloroquine phosphate tab 500 mg</i>	16	<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	170
<i>chlorpromazine hcl inj 25 mg/ml</i>	72	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	150
<i>chlorpromazine hcl inj 50 mg/2ml</i>	72	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	170
<i>chlorpromazine hcl tab 100 mg</i>	72	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	24
<i>chlorpromazine hcl tab 10 mg</i>	72	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	24
<i>chlorpromazine hcl tab 200 mg</i>	72	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	24
<i>chlorpromazine hcl tab 25 mg</i>	72	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	24
<i>chlorpromazine hcl tab 50 mg</i>	72	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	41
<i>chlorthalidone tab 25 mg</i>	56	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	41
<i>chlorthalidone tab 50 mg</i>	56	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	41
<i>chlorzoxazone tab 500 mg</i>	89	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	64
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	149	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	64
<i>cholestyramine light powder 4 gm/dose</i> ..	47	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	64
<i>cholestyramine light powder packets 4 gm</i>	47	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	64
<i>cholestyramine powder 4 gm/dose</i>	47	<i>CITRANATAL CAP HARMONY</i>	148
<i>cholestyramine powder packets 4 gm</i>	47	<i>CITRANATAL CAP MEDLEY</i>	148
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	48	<i>CITRANATAL MIS 90 DHA</i>	148
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	47	<i>CITRANATAL MIS B-CALM</i>	148
<i>CHOR GONADOT INJ 10000UNT</i>	117	<i>CITRANATAL PAK ASSURE</i>	148
<i>ciclopirox gel 0.77%</i>	164	<i>CITRANATAL PAK DHA</i>	148
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	164	<i>CITRANATAL TAB BLOOM</i>	148
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	164	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> ...	30
<i>ciclopirox shampoo 1%</i>	164	<i>clarithromycin for susp 125 mg/5ml</i>	23
<i>ciclopirox solution 8%</i>	164	<i>clarithromycin for susp 250 mg/5ml</i>	23
<i>cidofovir iv inj 75 mg/ml</i>	20	<i>clarithromycin tab 250 mg</i>	23
<i>cilostazol tab 100 mg</i>	135	<i>clarithromycin tab 500 mg</i>	23
<i>cilostazol tab 50 mg</i>	135	<i>clarithromycin tab er 24hr 500 mg</i>	23
<i>CIMDUO TAB 300-300</i>	19	<i>clemastine fumarate tab 2.68 mg</i>	155
<i>cimetidine hcl soln 300 mg/5ml</i>	126	<i>CLENPIQ SOL</i>	127
<i>cimetidine tab 200 mg</i>	126	<i>CLEOCIN SUP 100MG</i>	132
<i>cimetidine tab 300 mg</i>	126	<i>CLIMARA PRO DIS WEEKLY</i>	114
<i>cimetidine tab 400 mg</i>	126	<i>clindamycin hcl cap 150 mg</i>	25
<i>cimetidine tab 800 mg</i>	126	<i>clindamycin hcl cap 300 mg</i>	25
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	107	<i>clindamycin hcl cap 75 mg</i>	25
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	107	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	25
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	107		
<i>CIPRO (10%) SUS 500MG/5</i>	24		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	170		

<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	163	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	135
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	163	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	135
<i>clindamycin phosphate foam 1%</i>	163	<i>clorazepate dipotassium tab 15 mg</i>	76
<i>clindamycin phosphate gel 1%</i>	163	<i>clorazepate dipotassium tab 3.75 mg</i>	76
<i>clindamycin phosphate inj 300 mg/2ml</i> ...	25	<i>clorazepate dipotassium tab 7.5 mg</i>	76
<i>clindamycin phosphate inj 600 mg/4ml</i> ...	25	<i>clotrimazole cream 1%</i>	164
<i>clindamycin phosphate inj 9 gm/60ml</i>	25	<i>clotrimazole soln 1%</i>	164
<i>clindamycin phosphate lotion 1%</i>	163	<i>clotrimazole troche 10 mg</i>	169
<i>clindamycin phosphate soln 1%</i>	163	<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	164
<i>clindamycin phosphate swab 1%</i>	163	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	164
<i>clindamycin phosphate vaginal cream 2%</i>	132	<i>clozapine orally disintegrating tab 100 mg</i>	73
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	163	<i>clozapine orally disintegrating tab 12.5 mg</i>	72
<i>clobazam suspension 2.5 mg/ml</i>	76	<i>clozapine orally disintegrating tab 150 mg</i>	73
<i>clobazam tab 10 mg</i>	76	<i>clozapine orally disintegrating tab 200 mg</i>	73
<i>clobazam tab 20 mg</i>	76	<i>clozapine orally disintegrating tab 25 mg</i>	73
<i>clobetasol propionate cream 0.05%</i>	166	<i>clozapine tab 100 mg</i>	73
<i>clobetasol propionate emollient base cream 0.05%</i>	166	<i>clozapine tab 200 mg</i>	73
<i>clobetasol propionate foam 0.05%</i>	166	<i>clozapine tab 25 mg</i>	73
<i>clobetasol propionate gel 0.05%</i>	166	<i>clozapine tab 50 mg</i>	73
<i>clobetasol propionate lotion 0.05%</i>	166	<i>COARTEM TAB 20-120MG</i>	16
<i>clobetasol propionate oint 0.05%</i>	167	<i>codeine sulfate tab 30 mg</i>	3
<i>clobetasol propionate shampoo 0.05%</i> ..	167	<i>CODEINE SULF TAB 60MG</i>	3
<i>clobetasol propionate soln 0.05%</i>	167	<i>colchicine tab 0.6 mg</i>	1
<i>clobetasol propionate spray 0.05%</i>	167	<i>colchicine w/ probenecid tab 0.5-500 mg</i> ..	1
<i>clocortolone pivalate cream 0.1%</i>	167	<i>colestipol hcl granule packets 5 gm</i>	47
<i>clofarabine iv soln 1 mg/ml</i>	30	<i>colestipol hcl granules 5 gm</i>	47
<i>clomid</i>	117	<i>colestipol hcl tab 1 gm</i>	47
<i>clomipramine hcl cap 25 mg</i>	61	<i>COMETRIQ KIT 100MG</i>	35
<i>clomipramine hcl cap 50 mg</i>	61	<i>COMETRIQ KIT 140MG</i>	35
<i>clomipramine hcl cap 75 mg</i>	61	<i>COMETRIQ KIT 60MG</i>	35
<i>clonazepam tab 0.5 mg</i>	76	<i>COMIRNATY INJ 30/0.3ML</i>	144
<i>clonazepam tab 1 mg</i>	76	<i>COMPLEAT LIQ CLS SYS</i>	93
<i>clonazepam tab 2 mg</i>	76	<i>COMPLEAT PED LIQ ORG BLND</i>	93
<i>clonidine hcl tab 0.1 mg</i>	57	<i>compro</i>	124
<i>clonidine hcl tab 0.2 mg</i>	57	<i>CONDOMS MIS</i>	108
<i>clonidine hcl tab 0.3 mg</i>	57	<i>CONDYLOX GEL 0.5%</i>	168
<i>clonidine td patch weekly 0.1 mg/24hr</i>	57		
<i>clonidine td patch weekly 0.2 mg/24hr</i>	57		
<i>clonidine td patch weekly 0.3 mg/24hr</i>	57		

COPAXONE INJ 20MG/ML	88	<i>cyclosporine modified cap 100 mg</i>	143
COPAXONE INJ 40MG/ML	88	<i>cyclosporine modified cap 25 mg</i>	142
CORLANOR SOL 5MG/5ML	57	<i>cyclosporine modified cap 50 mg</i>	142
CORLANOR TAB 5MG	57	<i>cyclosporine modified oral soln 100 mg/ml</i>	
CORLANOR TAB 7.5MG	57	.....	143
CORTISPORIN SUS -TC OTIC	170	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	155
COSENTYX INJ 150MG/ML	136	<i>cyproheptadine hcl tab 4 mg</i>	155
COSENTYX INJ 300DOSE	136	CYSTAGON CAP 150MG	114
COSENTYX INJ 75MG/0.5	136	CYSTAGON CAP 50MG	114
COSENTYX PEN INJ 150MG/ML	137	CYSTARAN SOL 0.44%	153
COSENTYX PEN INJ 300DOSE	137	<i>cytarabine inj 20 mg/ml</i>	30
COSENTYX UNO INJ 300/2ML	137	<i>cytarabine inj pf 100 mg/ml</i>	30
CREON CAP 12000UNT	128	<i>cytarabine inj pf 20 mg/ml</i>	30
CREON CAP 24000UNT	128	D	
CREON CAP 3000UNIT	128	<i>dabigatran etexilate mesylate cap 150 mg</i>	
CREON CAP 36000UNT	128	<i>(etexilate base eq)</i>	132
CREON CAP 6000UNIT	128	<i>dacarbazine for inj 100 mg</i>	29
CRESEMBA CAP 186 MG	15	<i>dacarbazine for inj 200 mg</i>	29
CRESEMBA CAP 74.5MG	15	<i>dalfampridine tab er 12hr 10 mg</i>	88
CRINONE GEL 4% VAG	122	<i>danazol cap 100 mg</i>	113
CRINONE GEL 8% VAG	122	<i>danazol cap 200 mg</i>	113
<i>cromolyn sodium ophth soln 4%</i>	151	<i>danazol cap 50 mg</i>	113
<i>cromolyn sodium oral conc 100 mg/5ml</i>	128	<i>dantrolene sodium cap 100 mg</i>	89
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	159	<i>dantrolene sodium cap 25 mg</i>	89
<i>crotan</i>	169	<i>dantrolene sodium cap 50 mg</i>	89
CRUCIAL LIQ UNFLAVOR	93	<i>dapsone tab 100 mg</i>	25
<i>cryselle-28</i>	108	<i>dapsone tab 25 mg</i>	25
<i>cvs ivermectin lice treat</i>	169	DAPTACEL INJ	144
<i>cvs lice treatment</i>	169	<i>darifenacin hydrobromide tab er 24hr 15</i>	
<i>cvs sleep-aid nighttime</i>	84	<i>mg (base equiv)</i>	131
<i>cyanocobalamin inj 1000 mcg/ml</i>	149	<i>darifenacin hydrobromide tab er 24hr 7.5</i>	
CYCLINEX-1 POW	93	<i>mg (base equiv)</i>	131
CYCLINEX-2 POW	93	<i>darunavir tab 600 mg</i>	16
<i>cyclobenzaprine hcl tab 10 mg</i>	89	<i>darunavir tab 800 mg</i>	16
<i>cyclobenzaprine hcl tab 5 mg</i>	89	<i>dasetta 1/35</i>	108
<i>cyclophosphamide cap 25 mg</i>	29	<i>dasetta 7/7/7</i>	108
<i>cyclophosphamide cap 50 mg</i>	29	<i>daunorubicin hcl iv soln 20 mg/4ml (base</i>	
<i>cyclophosphamide for inj 1 gm</i>	29	<i>equiv)</i>	30
<i>cyclophosphamide for inj 2 gm</i>	29	DAYVIGO TAB 10MG	85
<i>cyclophosphamide for inj 500 mg</i>	29	DAYVIGO TAB 5MG	85
<i>cycloserine cap 250 mg</i>	20	<i>decitabine for inj 50 mg</i>	30
<i>cyclosporine cap 100 mg</i>	142	<i>deferiprone tab 1000 mg</i>	108
<i>cyclosporine cap 25 mg</i>	142	<i>deferiprone tab 500 mg</i>	108
<i>cyclosporine iv soln 50 mg/ml</i>	142	<i>delyla</i>	108

<i>demeclocycline hcl tab 150 mg</i>	28	<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	118
<i>demeclocycline hcl tab 300 mg</i>	28	<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	118
DENGVAXIA SUS	144	<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	118
DEPO-ESTRADI INJ 5MG/ML	114	<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	118
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<i>everolimus tab 10 mg</i>	35	<i>fenofibrate micronized cap 134 mg</i>	48
<i>everolimus tab 1 mg</i>	143	<i>fenofibrate micronized cap 200 mg</i>	48
<i>everolimus tab 2.5 mg</i>	35	<i>fenofibrate micronized cap 43 mg</i>	48
<i>everolimus tab 5 mg</i>	35	<i>fenofibrate micronized cap 67 mg</i>	48
<i>everolimus tab 7.5 mg</i>	35	<i>fenofibrate tab 145 mg</i>	48
<i>everolimus tab for oral susp 2 mg</i>	36	<i>fenofibrate tab 160 mg</i>	48
<i>everolimus tab for oral susp 3 mg</i>	36	<i>fenofibrate tab 48 mg</i>	48
<i>everolimus tab for oral susp 5 mg</i>	36	<i>fenofibrate tab 54 mg</i>	48
EVOTAZ TAB 300-150	19	<i>fenopropfen calcium tab 600 mg</i>	1
EVRYSDI SOL	87	<i>fantanyl citrate lozenge on a handle 1200</i> <i>mcg</i>	4
<i>exemestane tab 25 mg</i>	34	<i>fantanyl citrate lozenge on a handle 1600</i> <i>mcg</i>	4
<i>ezetimibe-simvastatin tab 10-10 mg</i>	48	<i>fantanyl citrate lozenge on a handle 200</i> <i>mcg</i>	4
<i>ezetimibe-simvastatin tab 10-20 mg</i>	48	<i>fantanyl citrate lozenge on a handle 400</i> <i>mcg</i>	4
<i>ezetimibe-simvastatin tab 10-40 mg</i>	48	<i>fantanyl citrate lozenge on a handle 600</i> <i>mcg</i>	4
<i>ezetimibe-simvastatin tab 10-80 mg</i>	48	<i>fantanyl citrate lozenge on a handle 800</i> <i>mcg</i>	4
<i>ezetimibe tab 10 mg</i>	47	<i>fantanyl td patch 72hr 100 mcg/hr</i>	4
F		<i>fantanyl td patch 72hr 12 mcg/hr</i>	4
F.A.A. LIQ	94	<i>fantanyl td patch 72hr 25 mcg/hr</i>	4
<i>falmina</i>	109	<i>fantanyl td patch 72hr 50 mcg/hr</i>	4
<i>famciclovir tab 125 mg</i>	20	<i>fantanyl td patch 72hr 75 mcg/hr</i>	4
<i>famciclovir tab 250 mg</i>	21	FERPRX 2-DAY TAB 1000MG	108
<i>famciclovir tab 500 mg</i>	21	FERRIPROX SOL 100MG/ML	108
<i>famotidine for susp 40 mg/5ml</i>	126	<i>fesoterodine fumarate tab er 24hr 4 mg</i> ..	131
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	126	<i>fesoterodine fumarate tab er 24hr 8 mg</i> ..	131
<i>famotidine preservative free inj 20 mg/2ml</i>	126	FETZIMA CAP 120MG	66
<i>famotidine tab 20 mg</i>	126	FETZIMA CAP 20MG	66
<i>famotidine tab 40 mg</i>	126	FETZIMA CAP 40MG	66
FASENRA INJ 30MG/ML	161		
FASENRA PEN INJ 30MG/ML	161		
FC2 FEMALE MIS CONDOM	109		
<i>febuxostat tab 40 mg</i>	1		

FETZIMA CAP 80MG	66	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	31
FETZIMA CAP TITRATIO	66	.....	31
FIASP FLEX INJ TOUCH	105	<i>fluorouracil iv soln 500 mg/10ml (50</i>	31
FIASP INJ 100/ML	105	<i>mg/ml).....</i>	31
FIASP PENFIL INJ U-100	105	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	31
FIBERSOURCE LIQ CLS SYS.....	94	.....	31
FIBERSOUR HN LIQ CLS SYS	94	<i>fluorouracil soln 2%</i>	164
FINACEA AER 15%	169	<i>fluorouracil soln 5%</i>	164
<i>finasteride tab 5 mg</i>	130	<i>fluoxetine hcl cap 10 mg</i>	66
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	88	<i>fluoxetine hcl cap 20 mg.....</i>	67
<i>flecainide acetate tab 100 mg</i>	46	<i>fluoxetine hcl cap 40 mg.....</i>	67
<i>flecainide acetate tab 150 mg</i>	46	<i>fluoxetine hcl cap delayed release 90 mg</i>	67
<i>flecainide acetate tab 50 mg.....</i>	46	<i>fluoxetine hcl solution 20 mg/5ml</i>	67
FLEXICHAMBER MIS MASK SM.....	160	<i>fluoxetine hcl tab 10 mg</i>	67
<i>floxuridine for inj 0.5 gm</i>	30	<i>fluoxetine hcl tab 20 mg.....</i>	67
<i>fluconazole for susp 10 mg/ml.....</i>	15	<i>fluphenazine decanoate inj 25 mg/ml.....</i>	73
<i>fluconazole for susp 40 mg/ml</i>	15	<i>fluphenazine hcl elixir 2.5 mg/5ml.....</i>	73
<i>fluconazole tab 100 mg</i>	15	<i>fluphenazine hcl inj 2.5 mg/ml</i>	73
<i>fluconazole tab 150 mg</i>	15	<i>fluphenazine hcl oral conc 5 mg/ml</i>	73
<i>fluconazole tab 200 mg</i>	15	<i>fluphenazine hcl tab 10 mg</i>	73
<i>fluconazole tab 50 mg.....</i>	15	<i>fluphenazine hcl tab 1 mg.....</i>	73
<i>fludarabine phosphate for inj 50 mg</i>	30	<i>fluphenazine hcl tab 2.5 mg</i>	73
<i>fludarabine phosphate inj 25 mg/ml</i>	30	<i>fluphenazine hcl tab 5 mg</i>	73
<i>fludrocortisone acetate tab 0.1 mg</i>	118	<i>flurbiprofen sodium ophth soln 0.03%</i>	151
FLUMIST	145	<i>flurbiprofen tab 100 mg.....</i>	1
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	160	<i>flurbiprofen tab 50 mg.....</i>	1
.....	160	<i>flutamide cap 125 mg</i>	34
<i>fluocinolone acetonide (otic) oil 0.01% ...</i>	170	<i>fluticasone propionate cream 0.05%</i>	167
<i>fluocinolone acetonide cream 0.01%</i>	167	<i>fluticasone propionate lotion 0.05%.....</i>	167
<i>fluocinolone acetonide cream 0.025% ...</i>	167	<i>fluticasone propionate nasal susp 50</i>	160
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	167	<i>mcg/act</i>	160
.....	167	<i>fluticasone propionate oint 0.005%</i>	167
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	167	<i>fluvastatin sodium cap 20 mg (base</i>	49
.....	167	<i>equivalent)</i>	49
<i>fluocinolone acetonide oint 0.025%</i>	167	<i>fluvastatin sodium cap 40 mg (base</i>	49
<i>fluocinolone acetonide soln 0.01%</i>	167	<i>equivalent)</i>	49
<i>fluocinonide cream 0.05%.....</i>	167	<i>fluvastatin sodium tab er 24 hr 80 mg (base</i>	49
<i>fluocinonide gel 0.05%.....</i>	167	<i>equivalent)</i>	49
<i>fluocinonide oint 0.05%</i>	167	<i>fluvoxamine maleate cap er 24hr 100 mg .</i>	61
<i>fluocinonide soln 0.05%</i>	167	<i>fluvoxamine maleate cap er 24hr 150 mg .</i>	61
<i>fluoritab</i>	147	<i>fluvoxamine maleate tab 100 mg.....</i>	61
<i>fluorouracil cream 5%</i>	164	<i>fluvoxamine maleate tab 25 mg</i>	61
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	30	<i>fluvoxamine maleate tab 50 mg</i>	61
.....	30	FML OIN 0.1% OP	151

<i>folic acid cap 0.8 mg</i>	149	<i>fulvestrant inj soln pref syr 250 mg/5ml</i> ...	34
<i>folic acid tab 1 mg</i>	149	<i>furosemide inj 10 mg/ml</i>	56
<i>folic acid tab 400 mcg</i>	149	<i>furosemide oral soln 10 mg/ml</i>	56
<i>folic acid tab 800 mcg</i>	149	<i>furosemide oral soln 8 mg/ml</i>	56
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	133	<i>furosemide tab 20 mg</i>	56
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	132	<i>furosemide tab 40 mg</i>	56
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	132	<i>furosemide tab 80 mg</i>	56
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	133	FUZEON INJ 90MG.....	16
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	156	FYCOMPA SUS 0.5MG/ML.....	77
FOSAMAX + D TAB 70-2800	107	FYCOMPA TAB 10MG.....	77
FOSAMAX + D TAB 70-5600.....	107	FYCOMPA TAB 12MG	77
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	16	FYCOMPA TAB 2MG.....	77
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	14	FYCOMPA TAB 4MG	77
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	42	FYCOMPA TAB 6MG	77
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	42	FYCOMPA TAB 8MG	77
<i>fosinopril sodium tab 10 mg</i>	43	FYLNETRA INJ 6MG/0.6	134
<i>fosinopril sodium tab 20 mg</i>	43	G	
<i>fosinopril sodium tab 40 mg</i>	43	G4 PLATINUM MIS PEDIATRC	113
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	77	G4 PLATINUM MIS RCV/SHAR	113
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	77	G4 PLATINUM MIS RECEIVER.....	113
FOSRENOL POW 1000MG	121	G4 PLATINUM MIS TRANSMIT	113
FOSRENOL POW 750MG	121	G4 PLAT PED MIS RVC/SHAR.....	113
FRAGMIN INJ 10000/ML	133	G4 SENSOR MIS	113
FRAGMIN INJ 12500UNT.....	133	G5/G4 MIS SENSOR	113
FRAGMIN INJ 15000UNT	133	GA-1 ANAMIX POW ERLY YRS.....	94
FRAGMIN INJ 18000UNT	133	<i>gabapentin cap 100 mg</i>	77
FRAGMIN INJ 2500/0.2	133	<i>gabapentin cap 300 mg</i>	77
FRAGMIN INJ 2500/ML	133	<i>gabapentin cap 400 mg</i>	77
FRAGMIN INJ 5000/0.2	133	<i>gabapentin oral soln 250 mg/5ml</i>	77
FRAGMIN INJ 7500/0.3	133	<i>gabapentin tab 600 mg</i>	77
FRAGMIN INJ 95000UNT	133	<i>gabapentin tab 800 mg</i>	77
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	86	<i>galantamine hydrobromide cap er 24hr 16 mg</i>	62
		<i>galantamine hydrobromide cap er 24hr 24 mg</i>	62
		<i>galantamine hydrobromide cap er 24hr 8 mg</i>	62
		<i>galantamine hydrobromide oral soln 4 mg/ml</i>	62
		<i>galantamine hydrobromide tab 12 mg</i>	62
		<i>galantamine hydrobromide tab 4 mg</i>	62
		<i>galantamine hydrobromide tab 8 mg</i>	62
		<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	117

GA POW	94	GLIADEL WAF 7.7MG	29
GARDASIL 9 INJ	145	<i>glimepiride tab 1 mg</i>	107
<i>gatifloxacin ophth soln 0.5%</i>	150	<i>glimepiride tab 2 mg</i>	107
<i>gavilyte-c</i>	127	<i>glimepiride tab 4 mg</i>	107
<i>gavilyte-g</i>	127	<i>glipizide-metformin hcl tab 2.5-250 mg</i> ..	104
GAZYVA INJ 25MG/ML.....	32	<i>glipizide-metformin hcl tab 2.5-500 mg</i> .	104
<i>gemcitabine hcl for inj 1 gm</i>	31	<i>glipizide-metformin hcl tab 5-500 mg</i>	104
<i>gemcitabine hcl for inj 200 mg</i>	31	<i>glipizide tab 10 mg</i>	107
<i>gemcitabine hcl for inj 2 gm</i>	31	<i>glipizide tab 5 mg</i>	107
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> <i>(base equiv)</i>	31	<i>glipizide tab er 24hr 10 mg</i>	107
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i> <i>mg/ml) (base equiv)</i>	31	<i>glipizide tab er 24hr 2.5 mg</i>	107
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i> <i>mg/ml) (base equiv)</i>	31	<i>glipizide tab er 24hr 5 mg</i>	107
<i>gemfibrozil tab 600 mg</i>	48	<i>glucagon (rdna) for inj kit 1 mg</i>	120
<i>gemmily</i>	109	GLUCERNA 1.0 LIQ CARB VAN	94
GEMTESA TAB 75MG	131	GLUCERNA LIQ 1.2 CAL	94
<i>generlac</i>	127	GLUCERNA SEL LIQ VANILLA.....	94
<i>gengraf</i>	143	GLUTAREX-1 POW	94
GENOTROPIN INJ 0.2MG.....	120	GLUTAREX-2 POW	94
GENOTROPIN INJ 0.4MG	120	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> .	123
GENOTROPIN INJ 0.6MG	120	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	123
GENOTROPIN INJ 0.8MG	120	<i>glycopyrrolate oral soln 1 mg/5ml</i>	123
GENOTROPIN INJ 1.2MG	120	<i>glycopyrrolate tab 1 mg</i>	123
GENOTROPIN INJ 1.4MG	120	<i>glycopyrrolate tab 2 mg</i>	123
GENOTROPIN INJ 1.6MG	120	GLYTACTIN PAK BTMK/DLT	94
GENOTROPIN INJ 1.8MG	120	GLYTACTIN POW BETMLK15	94
GENOTROPIN INJ 12MG	120	GLYTACTIN POW RST LT10	94
GENOTROPIN INJ 1MG.....	120	GLYTROL LIQ PREBIO1	94
GENOTROPIN INJ 2MG.....	120	GLYXAMBI TAB 10-5 MG	106
GENOTROPIN INJ 5MG.....	120	GLYXAMBI TAB 25-5 MG.....	106
<i>gentak</i>	150	GONAL-F INJ 1050UNIT	117
<i>gentamicin sulfate cream 0.1%</i>	164	GONAL-F INJ 450UNIT	117
<i>gentamicin sulfate inj 40 mg/ml</i>	14	GONAL-F RFF INJ 300/0.5	117
<i>gentamicin sulfate oint 0.1%</i>	164	GONAL-F RFF INJ 450/0.75.....	117
<i>gentamicin sulfate ophth soln 0.3%</i>	150	GONAL-F RFF INJ 75UNIT	117
GENVOYA TAB.....	19	GONAL-F RFF INJ 900/1.5.....	117
<i>glatiramer acetate soln prefilled syringe 40</i> <i>mg/ml</i>	88	<i>goodsense aspirin</i>	13
<i>glatopa</i>	88	<i>goodsense nicotine polacr</i>	92
GLEOSTINE CAP 100MG.....	29	<i>granisetron hcl inj 1 mg/ml</i>	124
GLEOSTINE CAP 10MG	29	<i>granisetron hcl tab 1 mg</i>	124
GLEOSTINE CAP 40MG	29	<i>griseofulvin microsize susp 125 mg/5ml</i> ...	15
		<i>griseofulvin microsize tab 500 mg</i>	15
		<i>griseofulvin ultramicrosize tab 125 mg</i>	15
		<i>griseofulvin ultramicrosize tab 250 mg</i>	15

<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	HEMLIBRA INJ 60/0.4	135
.....	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	133
<i>guanfacine hcl tab 1 mg</i>.....	.....	133
<i>guanfacine hcl tab 2 mg</i>	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	133
<i>guanfacine hcl tab er 24hr 1 mg (base</i>	.....	133
<i>equiv)</i>	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	133
<i>guanfacine hcl tab er 24hr 2 mg (base</i>	.....	133
<i>equiv)</i>	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	133
<i>guanfacine hcl tab er 24hr 3 mg (base</i>	.....	133
<i>equiv)</i>	<i>heparin sodium (porcine) pf inj 5000</i>	133
<i>guanfacine hcl tab er 24hr 4 mg (base</i>	<i>unit/0.5ml</i>	133
<i>equiv)</i>	HEPLISAV-B INJ 20/0.5ML	145
GYNAZOLE-1 CRE 2%	HIBERIX SOL 10MCG	145
GYNOL II GEL 3%	HOLD CHAMBER MIS MEDIUM	160
H	HOM 2 POW.....	95
HAEGARDA INJ 2000UNIT	HOMACTIN AA LIQ PLUS	95
HAEGARDA INJ 3000UNIT	HOMINEX-1 POW	95
<i>halobetasol propionate cream 0.05%</i>	HOMINEX-2 POW	95
<i>halobetasol propionate oint 0.05%</i>	HUMIRA INJ 10/0.1ML	138
<i>haloperidol decanoate im soln 100 mg/ml</i>	HUMIRA INJ 20/0.2ML.....	138
.....	HUMIRA INJ 40/0.4ML	138
<i>haloperidol decanoate im soln 50 mg/ml</i>	HUMIRA KIT 40MG/0.8	138
<i>haloperidol lactate inj 5 mg/ml</i>	HUMIRA PEDIA INJ CROHNS	138
<i>haloperidol lactate oral conc 2 mg/ml</i>	HUMIRA PEN INJ 40/0.4ML	138
<i>haloperidol tab 0.5 mg</i>	HUMIRA PEN INJ 40MG/0.8	138
<i>haloperidol tab 10 mg</i>	HUMIRA PEN INJ 80/0.8ML	138
<i>haloperidol tab 1 mg</i>	HUMIRA PEN KIT PS/UV	138
<i>haloperidol tab 20 mg</i>	HUMULIN INJ 70/30.....	105
<i>haloperidol tab 2 mg</i>	HUMULIN INJ 70/30KWP	105
<i>haloperidol tab 5 mg</i>	HUMULIN N INJ U-100	105
HARVONI PAK	HUMULIN N INJ U-100KWP	105
HARVONI PAK 45-200MG.....	HUMULIN R INJ U-100.....	105
HARVONI TAB 45-200MG.....	HUMULIN R INJ U-500	105
HARVONI TAB 90-400MG	<i>hydralazine hcl tab 100 mg</i>	57
HAVRIX INJ 1440UNIT	<i>hydralazine hcl tab 10 mg</i>	57
HAVRIX INJ 720UNIT	<i>hydralazine hcl tab 25 mg</i>	57
HCU ANAMIX POW ERLY YRS.....	<i>hydralazine hcl tab 50 mg</i>	57
HCU EXP20 PAK UNFLAVOR	<i>hydrochlorothiazide cap 12.5 mg</i>	56
HCU EXPRESS PAK.....	<i>hydrochlorothiazide tab 12.5 mg</i>	56
HCY 2 POW.....	<i>hydrochlorothiazide tab 25 mg</i>	56
<i>heather</i>	<i>hydrochlorothiazide tab 50 mg</i>	56
HEMLIBRA INJ 105/0.7.....	<i>hydrocodone-acetaminophen soln 7.5-325</i>	5
HEMLIBRA INJ 150/ML.....	<i>mg/15ml</i>	5
HEMLIBRA INJ 30MG/ML.....		

<i>hydrocodone-acetaminophen tab 10-325 mg</i>	5	<i>hydromet</i>	157
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	5	<i>hydromorphone hcl inj 2 mg/ml</i>	5
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	5	<i>hydromorphone hcl tab 2 mg</i>	6
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	157	<i>hydromorphone hcl tab 4 mg</i>	6
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	157	<i>hydromorphone hcl tab 8 mg</i>	6
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	5	<i>hydromorphone hcl tab er 24hr 12 mg</i>	6
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	5	<i>hydromorphone hcl tab er 24hr 16 mg</i>	6
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	4	<i>hydromorphone hcl tab er 24hr 32 mg</i>	6
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	4	<i>hydromorphone hcl tab er 24hr 8 mg</i>	6
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	5	<i>hydroxychloroquine sulfate tab 200 mg</i> ..	141
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	5	<i>hydroxyurea cap 500 mg</i>	40
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	5	<i>hydroxyzine hcl im soln 25 mg/ml</i>	155
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	5	<i>hydroxyzine hcl im soln 50 mg/ml</i>	155
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	157	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	155
<i>hydrocortisone butyrate cream 0.1%</i>	167	<i>hydroxyzine hcl tab 10 mg</i>	155
<i>hydrocortisone butyrate oint 0.1%</i>	167	<i>hydroxyzine hcl tab 25 mg</i>	155
<i>hydrocortisone butyrate soln 0.1%</i>	167	<i>hydroxyzine hcl tab 50 mg</i>	155
<i>hydrocortisone cream 1%</i>	167	<i>hydroxyzine pamoate cap 100 mg</i>	156
<i>hydrocortisone cream 2.5%</i>	167	<i>hydroxyzine pamoate cap 25 mg</i>	155
<i>hydrocortisone enema 100 mg/60ml</i>	126	<i>hydroxyzine pamoate cap 50 mg</i>	155
<i>hydrocortisone lotion 2.5%</i>	167	<i>HYQVIA INJ 10-800</i>	142
<i>hydrocortisone oint 2.5%</i>	168	<i>HYQVIA INJ 2.5-200</i>	142
<i>hydrocortisone perianal cream 1%</i>	129	<i>HYQVIA INJ 20-1600</i>	142
<i>hydrocortisone perianal cream 2.5%</i>	129	<i>HYQVIA INJ 30-2400</i>	142
<i>hydrocortisone tab 10 mg</i>	118	<i>HYQVIA INJ 5-400</i>	142
<i>hydrocortisone tab 20 mg</i>	118	<i>HYRIMOZ-CROH INJ UC SP</i>	138
<i>hydrocortisone tab 5 mg</i>	118	<i>HYRIMOZ INJ 10/0.1ML</i>	138
<i>hydrocortisone valerate cream 0.2%</i>	168	<i>HYRIMOZ INJ 20/0.2ML</i>	138
<i>hydrocortisone valerate oint 0.2%</i>	168	<i>HYRIMOZ INJ 40/0.4ML</i>	138
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	170	<i>HYRIMOZ INJ 80/0.8ML</i>	138
		<i>HYRIMOZ-PED INJ CROHNS</i>	138
		<i>HYRIMOZ-PLAQ INJ PSORIASI</i>	139
		I	
		<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	107
		<i>ibandronate sodium tab 150 mg (base equivalent)</i>	107
		<i>IBRANCE CAP 100MG</i>	36
		<i>IBRANCE CAP 125MG</i>	36
		<i>IBRANCE CAP 75MG</i>	36
		<i>IBRANCE TAB 100MG</i>	36
		<i>IBRANCE TAB 125MG</i>	36
		<i>IBRANCE TAB 75MG</i>	36
		<i>ibuprofen susp 100 mg/5ml</i>	1

<i>ibuprofen tab 400 mg</i>	2	<i>inatal gt</i>	148
<i>ibuprofen tab 600 mg</i>	2	INBRIJA CAP 42MG.....	71
<i>ibuprofen tab 800 mg</i>	2	INCRELEX INJ 40MG/4ML	121
<i>icatibant acetate subcutaneous soln pref</i>		<i>indapamide tab 1.25 mg</i>	56
<i>syr 30 mg/3ml</i>	142	<i>indapamide tab 2.5 mg</i>	56
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ICLUSIG TAB 15MG.....	36	INFLIXIMAB INJ 100MG	136
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<i>icosapent ethyl cap 0.5 gm</i>	50	INLYTA TAB 5MG.....	37
<i>icosapent ethyl cap 1 gm</i>	50	INSTA-GLUCOS GEL 77.4%.....	120
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> 30		INSULIN SYRG MIS 1ML/31G	113
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>		INTELENCE TAB 25MG.....	16
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<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i> ...	30	INTRON A INJ 10MU	142
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<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	29	IOPIDINE SOL 1% OP	152
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<i>imatinib mesylate tab 100 mg (base</i>		<i>mg/3ml</i>	154
<i>equivalent)</i>	36	<i>ipratropium bromide inhal soln 0.02%</i> ...	154
<i>imatinib mesylate tab 400 mg (base</i>		<i>ipratropium bromide nasal soln 0.03% (21</i>	
<i>equivalent)</i>	36	<i>mcg/spray)</i>	154
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IMBRUVICA CAP 70MG	36	<i>mcg/spray)</i>	154
IMBRUVICA SUS 70MG/ML	36	<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>	
IMBRUVICA TAB 140MG	37	<i>mg</i>	45
IMBRUVICA TAB 280MG	37	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
IMBRUVICA TAB 420MG	37	<i>12.5 mg</i>	45
IMBRUVICA TAB 560MG	37	<i>irbesartan tab 150 mg</i>	46
<i>imipramine hcl tab 10 mg</i>	67	<i>irbesartan tab 300 mg</i>	46
<i>imipramine hcl tab 25 mg</i>	67	<i>irbesartan tab 75 mg</i>	46
<i>imipramine hcl tab 50 mg</i>	67	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i> .41	
<i>imipramine pamoate cap 100 mg</i>	67	<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	
<i>imipramine pamoate cap 125 mg</i>	67	41
<i>imipramine pamoate cap 150 mg</i>	67	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i> ...41	
<i>imipramine pamoate cap 75 mg</i>	67	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	
<i>imiquimod cream 5%</i>	164	41
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<i>isoniazid syrup 50 mg/5ml</i>	20
<i>isoniazid tab 100 mg</i>	20
<i>isoniazid tab 300 mg</i>	20
<i>isosorbide dinitrate tab 10 mg</i>	58
<i>isosorbide dinitrate tab 20 mg</i>	58
<i>isosorbide dinitrate tab 30 mg</i>	58
<i>isosorbide dinitrate tab 5 mg.....</i>	58
<i>isosorbide mononitrate tab 10 mg</i>	58
<i>isosorbide mononitrate tab 20 mg</i>	58
<i>isosorbide mononitrate tab er 24hr 120 mg</i> <i>.....</i>	58
<i>isosorbide mononitrate tab er 24hr 30 mg</i> <i>.....</i>	58
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ISOSOURCE LIQ	95
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<i>isotretinoin cap 30 mg</i>	163
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<i>isradipine cap 2.5 mg</i>	54
<i>isradipine cap 5 mg</i>	54
<i>itraconazole cap 100 mg</i>	15
<i>itraconazole oral soln 10 mg/ml.....</i>	15
IVA ANAMIX POW ERLY YRS.....	95
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<i>ivermectin tab 3 mg.....</i>	14
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KETONEX-2 POW	96
<i>ketorolac tromethamine im inj 60 mg/2ml</i> <i>(30 mg/ml)</i>	2
<i>ketorolac tromethamine inj 15 mg/ml.....</i>	2
<i>ketorolac tromethamine inj 30 mg/ml.....</i>	2
<i>ketorolac tromethamine ophth soln 0.4%</i> <i>.....</i>	151

<i>ketorolac tromethamine ophth soln 0.5%</i>		<i>lamotrigine orally disintegrating tab 50 mg</i>	
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<i>ketorolac tromethamine tab 10 mg</i>	2	<i>lamotrigine tab 100 mg</i>	77
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KEVZARA INJ 200/1.14	139	<i>lamotrigine tab 200 mg</i>	77
KEYTRUDA INJ 100MG/4M	32	<i>lamotrigine tab 25 mg</i>	77
KINRIX INJ	145	<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>	
KISQALI TAB 200DOSE	37	<i>starter kit</i>	77
KISQALI TAB 400DOSE	37	<i>lamotrigine tab 35 x 25 mg starter kit</i>	77
KISQALI TAB 600DOSE	37	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>	
<i>klor-con 10</i>	147	<i>starter kit</i>	77
<i>klor-con 8</i>	147	<i>lamotrigine tab chewable dispersible 25 mg</i>	
<i>klor-con m15</i>	147	.....	78
<i>kurvelo</i>	109	<i>lamotrigine tab chewable dispersible 5 mg</i>	
KYLEENA IUD 19.5MG	109	.....	78
L		<i>lamotrigine tab er 24hr 100 mg</i>	78
<i>labetalol hcl tab 100 mg</i>	52	<i>lamotrigine tab er 24hr 200 mg</i>	78
<i>labetalol hcl tab 200 mg</i>	52	<i>lamotrigine tab er 24hr 250 mg</i>	78
<i>labetalol hcl tab 300 mg</i>	52	<i>lamotrigine tab er 24hr 25 mg</i>	78
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>		<i>lamotrigine tab er 24hr 300 mg</i>	78
.....	77	<i>lamotrigine tab er 24hr 50 mg</i>	78
<i>lacosamide oral solution 10 mg/ml</i>	77	LANAFLEX PAK	96
<i>lacosamide tab 100 mg</i>	77	LANCING DEVI MIS	113
<i>lacosamide tab 150 mg</i>	77	<i>lansoprazole cap delayed release 15 mg</i>	129
<i>lacosamide tab 200 mg</i>	77	<i>lansoprazole cap delayed release 30 mg</i>	129
<i>lacosamide tab 50 mg</i>	77	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	
LACRISERT MIS 5MG OP	153	.....	37
<i>lactic acid (ammonium lactate) cream 12%</i>		<i>larin 1.5/30</i>	109
.....	169	<i>latanoprost ophth soln 0.005%</i>	152
<i>lactic acid (ammonium lactate) lotion 12%</i>		<i>leena</i>	109
.....	169	<i>leflunomide tab 10 mg</i>	141
<i>lactulose solution 10 gm/15ml</i>	127	<i>leflunomide tab 20 mg</i>	141
<i>lamivudine oral soln 10 mg/ml</i>	17	LENVIMA CAP 10 MG	37
<i>lamivudine tab 100 mg (hbv)</i>	21	LENVIMA CAP 12MG	38
<i>lamivudine tab 150 mg</i>	17	LENVIMA CAP 14 MG	38
<i>lamivudine tab 300 mg</i>	17	LENVIMA CAP 18 MG	38
<i>lamivudine-zidovudine tab 150-300 mg</i>	19	LENVIMA CAP 20 MG	38
<i>lamotrigine orally disintegrating tab 100 mg</i>		LENVIMA CAP 24 MG	38
.....	77	LENVIMA CAP 4MG	37
<i>lamotrigine orally disintegrating tab 200 mg</i>		LENVIMA CAP 8 MG	37
.....	77	<i>lessina</i>	109
<i>lamotrigine orally disintegrating tab 25 mg</i>		<i>letrozole tab 2.5 mg</i>	34
.....	77	<i>leucovorin calcium for inj 100 mg</i>	41
		<i>leucovorin calcium for inj 200 mg</i>	41

<i>leucovorin calcium for inj 350 mg</i>	41	<i>levofloxacin tab 250 mg</i>	24
<i>leucovorin calcium for inj 500 mg</i>	41	<i>levofloxacin tab 500 mg</i>	24
<i>leucovorin calcium for inj 50 mg</i>	41	<i>levofloxacin tab 750 mg</i>	24
<i>leucovorin calcium tab 10 mg</i>	41	<i>levonest</i>	109
<i>leucovorin calcium tab 15 mg</i>	41	<i>levonorgestrel & ethinyl estradiol (91-day)</i>	
<i>leucovorin calcium tab 25 mg</i>	41	<i>tab 0.15-0.03 mg</i>	110
<i>leucovorin calcium tab 5 mg</i>	41	<i>levonorgestrel & ethinyl estradiol tab 0.15</i>	
LEUKERAN TAB 2MG	29	<i>mg-30 mcg</i>	110
<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i>		<i>levonorgestrel & ethinyl estradiol tab 0.1</i>	
<i>mg/ml)</i>	34	<i>mg-20 mcg</i>	110
<i>levabuterol hcl soln nebu 0.31 mg/3ml</i>		<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i>	
<i>(base equiv)</i>	156	<i>mg-20 mcg (21)</i>	110
<i>levabuterol hcl soln nebu 0.63 mg/3ml</i>		<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i>	
<i>(base equiv)</i>	156	<i>est tab 0.01mg(7)</i>	109
<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levora 0.15/30-28</i>	110
<i>(base equiv)</i>	156	<i>levothyroxine sodium tab 100 mcg</i>	122
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>levothyroxine sodium tab 112 mcg</i>	122
<i>mg/0.5ml (base equiv)</i>	156	<i>levothyroxine sodium tab 125 mcg</i>	122
<i>levabuterol tartrate inhal aerosol 45</i>		<i>levothyroxine sodium tab 137 mcg</i>	122
<i>mcg/act (base equiv)</i>	157	<i>levothyroxine sodium tab 150 mcg</i>	122
LEVEMIR INJ	105	<i>levothyroxine sodium tab 175 mcg</i>	122
LEVEMIR INJ FLEXPEN	105	<i>levothyroxine sodium tab 200 mcg</i>	122
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>		<i>levothyroxine sodium tab 25 mcg</i>	122
.....	78	<i>levothyroxine sodium tab 300 mcg</i>	122
<i>levetiracetam in sodium chloride iv soln</i>		<i>levothyroxine sodium tab 50 mcg</i>	122
<i>1000 mg/100ml</i>	78	<i>levothyroxine sodium tab 75 mcg</i>	122
<i>levetiracetam in sodium chloride iv soln</i>		<i>levothyroxine sodium tab 88 mcg</i>	122
<i>1500 mg/100ml</i>	78	<i>levoxyl</i>	122
<i>levetiracetam in sodium chloride iv soln</i>		LEXIVA SUS 50MG/ML	17
<i>500 mg/100ml</i>	78	<i>lice treatment</i>	169
<i>levetiracetam oral soln 100 mg/ml</i>	78	<i>lidocaine hcl (cardiac) iv pf soln pref syr 50</i>	
<i>levetiracetam tab 1000 mg</i>	78	<i>mg/5ml(1%)</i>	47
<i>levetiracetam tab 250 mg</i>	78	<i>lidocaine hcl (cardiac) iv soln pref syr 100</i>	
<i>levetiracetam tab 500 mg</i>	78	<i>mg/5ml (2%)</i>	47
<i>levetiracetam tab 750 mg</i>	78	<i>lidocaine hcl laryngotracheal soln 4%</i>	170
<i>levetiracetam tab er 24hr 500 mg</i>	78	<i>lidocaine hcl local inj 0.5%</i>	14
<i>levetiracetam tab er 24hr 750 mg</i>	78	<i>lidocaine hcl local inj 1%</i>	14
<i>levobunolol hcl ophth soln 0.5%</i>	152	<i>lidocaine hcl local inj 2%</i>	14
<i>levocetirizine dihydrochloride soln 2.5</i>		<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>mg/5ml (0.5 mg/ml)</i>	156	<i>0.5%</i>	14
<i>levocetirizine dihydrochloride tab 5 mg</i> ..	156	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levofloxacin iv soln 25 mg/ml</i>	24	<i>1%</i>	14
<i>levofloxacin ophth soln 0.5%</i>	150	<i>lidocaine hcl local preservative free (pf) inj</i>	
<i>levofloxacin oral soln 25 mg/ml</i>	24	<i>2%</i>	14

<i>lidocaine hcl soln 4%</i>	168	<i>loperamide hcl cap 2 mg</i>	124
<i>lidocaine hcl urethral/mucosal gel 2%</i>	168	LOPHLEX POW	96
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	168	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	19
<i>lidocaine hcl viscous soln 2%</i>	170	<i>lopinavir-ritonavir tab 100-25 mg</i>	19
<i>lidocaine oint 5%</i>	168	<i>lopinavir-ritonavir tab 200-50 mg</i>	19
<i>lidocaine pain relief pat</i>	168	<i>lorazepam conc 2 mg/ml</i>	61
<i>lidocaine patch 5%</i>	168	<i>lorazepam tab 0.5 mg</i>	62
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	168	<i>lorazepam tab 1 mg</i>	62
LILETTA IUD 52MG	110	<i>lorazepam tab 2 mg</i>	62
<i>linezolid for susp 100 mg/5ml</i>	25	LORBRENA TAB 100MG.....	38
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<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	25	<i>loryna</i>	110
<i>linezolid tab 600 mg</i>	25	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	45
LINZESS CAP 145MCG	126	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	45
LINZESS CAP 290MCG.....	126	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	45
LINZESS CAP 72MCG	126	<i>losartan potassium tab 100 mg</i>	46
<i>liothyronine sodium tab 25 mcg</i>	122	<i>losartan potassium tab 25 mg</i>	46
<i>liothyronine sodium tab 50 mcg</i>	122	<i>losartan potassium tab 50 mg</i>	46
<i>liothyronine sodium tab 5 mcg</i>	122	<i>loteprednol etabonate ophth susp 0.5%</i> .	151
LIPISTART POW	96	<i>lovastatin tab 10 mg</i>	49
LIQUID HOPE LIQ	96	<i>lovastatin tab 20 mg</i>	49
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	42	<i>lovastatin tab 40 mg</i>	49
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	42	<i>low-ogestrel</i>	110
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	42	<i>loxapine succinate cap 10 mg</i>	73
<i>lisinopril tab 10 mg</i>	43	<i>loxapine succinate cap 25 mg</i>	73
<i>lisinopril tab 2.5 mg</i>	43	<i>loxapine succinate cap 50 mg</i>	73
<i>lisinopril tab 20 mg</i>	43	<i>loxapine succinate cap 5 mg</i>	73
<i>lisinopril tab 30 mg</i>	43	<i>lubiprostone cap 24 mcg</i>	126
<i>lisinopril tab 40 mg</i>	43	<i>lubiprostone cap 8 mcg</i>	126
<i>lisinopril tab 5 mg</i>	43	<i>luliconazole cream 1%</i>	164
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<i>lithium carbonate cap 300 mg</i>	87	<i>lurasidone hcl tab 120 mg</i>	73
<i>lithium carbonate cap 600 mg</i>	87	<i>lurasidone hcl tab 20 mg</i>	73
<i>lithium carbonate tab 300 mg</i>	87	<i>lurasidone hcl tab 40 mg</i>	73
<i>lithium carbonate tab er 300 mg</i>	87	<i>lurasidone hcl tab 60 mg</i>	73
<i>lithium carbonate tab er 450 mg</i>	87	<i>lurasidone hcl tab 80 mg</i>	73
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<i>magnesium sulfate inj 50%</i>	147
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	147
<i>malathion lotion 0.5%</i>	169
<i>mannitol iv soln 20%</i>	56
<i>mannitol iv soln 25%</i>	56
<i>maraviroc tab 150 mg</i>	17
<i>maraviroc tab 300 mg</i>	17
<i>marlissa</i>	110
MARPLAN TAB 10MG	67
MATULANE CAP 50MG	29
<i>matzim la</i>	54
MCT PRO-CAL PAK	96
<i>meclizine hcl tab 12.5 mg</i>	124
<i>meclizine hcl tab 25 mg</i>	124
<i>meclofenamate sodium cap 100 mg</i>	2
<i>meclofenamate sodium cap 50 mg</i>	2
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<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	110
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	110
<i>medroxyprogesterone acetate tab 10 mg</i>	122
<i>medroxyprogesterone acetate tab 2.5 mg</i>	122
<i>medroxyprogesterone acetate tab 5 mg</i>	122
<i>mefenamic acid cap 250 mg</i>	2
<i>mefloquine hcl tab 250 mg</i>	16
<i>megestrol acetate susp 40 mg/ml</i>	34
<i>megestrol acetate susp 625 mg/5ml</i>	122
<i>megestrol acetate tab 20 mg</i>	34
<i>megestrol acetate tab 40 mg</i>	34
MEKINIST SOL 0.05/ML	38
MEKINIST TAB 0.5MG	38
MEKINIST TAB 2MG	38
<i>meloxicam tab 15 mg</i>	2
<i>meloxicam tab 7.5 mg</i>	2
<i>melphalan hcl for inj 50 mg (base equiv)</i> ..	29
<i>melphalan tab 2 mg</i>	29
<i>memantine hcl cap er 24hr 14 mg</i>	62
<i>memantine hcl cap er 24hr 21 mg</i>	63
<i>memantine hcl cap er 24hr 28 mg</i>	63
<i>memantine hcl cap er 24hr 7 mg</i>	62
<i>memantine hcl oral solution 2 mg/ml</i>	63
<i>memantine hcl tab 10 mg</i>	63
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	63
<i>memantine hcl tab 5 mg</i>	63
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<i>meprobamate tab 200 mg</i>	62
<i>meprobamate tab 400 mg</i>	62
<i>mercaptapurine tab 50 mg</i>	31
<i>meropenem iv for soln 1 gm</i>	26
<i>meropenem iv for soln 500 mg</i>	26
<i>mesalamine cap dr 400 mg</i>	126
<i>mesalamine cap er 24hr 0.375 gm</i>	126
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<i>mesalamine suppos 1000 mg</i>	126
<i>mesalamine tab delayed release 1.2 gm</i> ..	126
<i>mesalamine tab delayed release 800 mg</i>	126
<i>mesna inj 100 mg/ml</i>	41
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<i>metaxalone tab 800 mg</i>	89
<i>metformin hcl tab 1000 mg</i>	103
<i>metformin hcl tab 500 mg</i>	103
<i>metformin hcl tab 850 mg</i>	103
<i>metformin hcl tab er 24hr 500 mg</i>	104
<i>metformin hcl tab er 24hr 750 mg</i>	104
<i>methadone hcl conc 10 mg/ml</i>	6
<i>methadone hcl soln 10 mg/5ml</i>	6
<i>methadone hcl soln 5 mg/5ml</i>	6
<i>methadone hcl tab 10 mg</i>	6
<i>methadone hcl tab 5 mg</i>	6

<i>methadone hcl tab for oral susp 40 mg</i>	6	<i>methylphenidate hcl cap er 60 mg (cd)</i>	83
<i>methadone hydrochloride i</i>	7	<i>methylphenidate hcl chew tab 10 mg</i>	83
<i>methadose</i>	7	<i>methylphenidate hcl chew tab 2.5 mg</i>	83
<i>methamphetamine hcl tab 5 mg</i>	82	<i>methylphenidate hcl chew tab 5 mg</i>	83
<i>methazolamide tab 25 mg</i>	56	<i>methylphenidate hcl soln 10 mg/5ml</i>	83
<i>methazolamide tab 50 mg</i>	56	<i>methylphenidate hcl soln 5 mg/5ml</i>	83
<i>methenamine hippurate tab 1 gm</i>	26	<i>methylphenidate hcl tab 10 mg</i>	83
<i>methimazole tab 10 mg</i>	122	<i>methylphenidate hcl tab 20 mg</i>	83
<i>methimazole tab 5 mg</i>	122	<i>methylphenidate hcl tab 5 mg</i>	83
METHIONAID POW	96	<i>methylphenidate hcl tab er 10 mg</i>	83
<i>methocarbamol tab 500 mg</i>	89	<i>methylphenidate hcl tab er 20 mg</i>	83
<i>methocarbamol tab 750 mg</i>	89	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methotrexate sodium for inj 1 gm</i>	31	<i>(osm) 18 mg</i>	83
<i>methotrexate sodium inj 250 mg/10ml (25</i>		<i>methylphenidate hcl tab er osmotic release</i>	
<i>mg/ml)</i>	31	<i>(osm) 27 mg</i>	83
<i>methotrexate sodium inj 50 mg/2ml (25</i>		<i>methylphenidate hcl tab er osmotic release</i>	
<i>mg/ml)</i>	31	<i>(osm) 36 mg</i>	83
<i>methotrexate sodium inj pf 1000 mg/40ml</i>		<i>methylphenidate hcl tab er osmotic release</i>	
<i>(25 mg/ml)</i>	31	<i>(osm) 54 mg</i>	83
<i>methotrexate sodium inj pf 250 mg/10ml</i>		<i>methylprednisolone acetate inj susp 40</i>	
<i>(25 mg/ml)</i>	31	<i>mg/ml</i>	119
<i>methotrexate sodium inj pf 50 mg/2ml (25</i>		<i>methylprednisolone acetate inj susp 80</i>	
<i>mg/ml)</i>	31	<i>mg/ml</i>	119
<i>methotrexate sodium tab 2.5 mg (base</i>		<i>methylprednisolone sod succ for inj 1000</i>	
<i>equiv)</i>	141	<i>mg (base equiv)</i>	119
<i>methoxsalen rapid cap 10 mg</i>	165	<i>methylprednisolone sod succ for inj 125 mg</i>	
<i>methscopolamine bromide tab 2.5 mg</i> ...	124	<i>(base equiv)</i>	119
<i>methscopolamine bromide tab 5 mg</i>	124	<i>methylprednisolone tab 16 mg</i>	119
<i>methsuximide cap 300 mg</i>	78	<i>methylprednisolone tab 32 mg</i>	119
<i>methyl dopa tab 250 mg</i>	57	<i>methylprednisolone tab 4 mg</i>	119
<i>methyl dopa tab 500 mg</i>	57	<i>methylprednisolone tab 8 mg</i>	119
<i>methylphenidate hcl cap er 10 mg (cd)</i>	82	<i>methylprednisolone tab therapy pack 4 mg</i>	
<i>methylphenidate hcl cap er 20 mg (cd)</i>	82	<i>(21)</i>	119
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>		<i>metoclopramide hcl inj 5 mg/ml (base</i>	
.....	82	<i>equivalent)</i>	124
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>		<i>metoclopramide hcl orally disintegrating</i>	
.....	82	<i>tab 5 mg (base eq)</i>	124
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>		<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
.....	82	<i>mg/10ml) (base equiv)</i>	124
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>		<i>metoclopramide hcl tab 10 mg (base</i>	
.....	82	<i>equivalent)</i>	125
<i>methylphenidate hcl cap er 30 mg (cd)</i>	83	<i>metoclopramide hcl tab 5 mg (base</i>	
<i>methylphenidate hcl cap er 40 mg (cd)</i>	83	<i>equivalent)</i>	124
<i>methylphenidate hcl cap er 50 mg (cd)</i>	83	<i>metolazone tab 10 mg</i>	56

<i>metolazone tab 2.5 mg</i>	56	<i>minoxidil tab 10 mg</i>	57
<i>metolazone tab 5 mg</i>	56	<i>minoxidil tab 2.5 mg</i>	57
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	51	MIRCERA INJ 100MCG.....	134
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	51	MIRCERA INJ 120MCG.....	134
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	51	MIRCERA INJ 150MCG.....	134
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	52	MIRCERA INJ 200MCG.....	134
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	52	MIRCERA INJ 30MCG.....	134
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	52	MIRCERA INJ 50MCG.....	134
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	52	MIRCERA INJ 75MCG.....	134
<i>metoprolol tartrate tab 100 mg</i>	52	MIRENA IUD SYSTEM.....	110
<i>metoprolol tartrate tab 25 mg</i>	52	<i>mirtazapine orally disintegrating tab 15 mg</i>	67
<i>metoprolol tartrate tab 50 mg</i>	52	<i>mirtazapine orally disintegrating tab 30 mg</i>	67
<i>metronidazole cap 375 mg</i>	26	<i>mirtazapine orally disintegrating tab 45 mg</i>	67
<i>metronidazole cream 0.75%</i>	169	<i>mirtazapine tab 15 mg</i>	67
<i>metronidazole gel 0.75%</i>	169	<i>mirtazapine tab 30 mg</i>	67
<i>metronidazole gel 1%</i>	169	<i>mirtazapine tab 45 mg</i>	67
<i>metronidazole iv soln 500 mg/100ml</i>	26	<i>mirtazapine tab 7.5 mg</i>	67
<i>metronidazole lotion 0.75%</i>	169	<i>misoprostol tab 100 mcg</i>	128
<i>metronidazole tab 250 mg</i>	26	<i>misoprostol tab 200 mcg</i>	128
<i>metronidazole tab 500 mg</i>	26	<i>mitomycin for iv soln 20 mg</i>	30
<i>metronidazole vaginal gel 0.75%</i>	132	<i>mitomycin for iv soln 40 mg</i>	30
<i>miconazole 3</i>	132	<i>mitomycin for iv soln 5 mg</i>	30
<i>microgestin 1.5/30</i>	110	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	30
<i>midodrine hcl tab 10 mg</i>	57	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	30
<i>midodrine hcl tab 2.5 mg</i>	57	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	30
<i>midodrine hcl tab 5 mg</i>	57	MMA/PA ANAMI POW ERLY YRS.....	96
<i>mifepristone tab 200 mg</i>	123	M-M-R II INJ.....	145
<i>miglitol tab 100 mg</i>	103	<i>modafinil tab 100 mg</i>	90
<i>miglitol tab 25 mg</i>	103	<i>modafinil tab 200 mg</i>	90
<i>miglitol tab 50 mg</i>	103	MODERNA INJ 6MO-11Y.....	145
<i>mimvey</i>	116	MODULEN IBD POW.....	96
<i>minocycline hcl cap 100 mg</i>	28	<i>moexipril hcl tab 15 mg</i>	43
<i>minocycline hcl cap 50 mg</i>	28	<i>moexipril hcl tab 7.5 mg</i>	43
<i>minocycline hcl cap 75 mg</i>	28	<i>mometasone furoate cream 0.1%</i>	168
<i>minocycline hcl tab 100 mg</i>	29	<i>mometasone furoate nasal susp 50 mcg/act</i>	160
<i>minocycline hcl tab 50 mg</i>	28	<i>mometasone furoate oint 0.1%</i>	168
<i>minocycline hcl tab 75 mg</i>	29		

<i>mometasone furoate solution 0.1% (lotion)</i>		<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	150
.....	168	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	24
<i>monoject sodium chloride</i>	147	MSUD AID POW	96
<i>mono-lyyah</i>	110	MULTAQ TAB 400MG	47
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	159	<i>multivitamin/fluoride</i>	149
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	159	<i>multi-vitamin/fluoride/ir</i>	149
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	159	<i>multi-vitamin/fluoride dr</i>	149
<i>montelukast sodium tab 10 mg (base equiv)</i>	159	<i>mupirocin oint 2%</i>	164
.....	159	MYALEPT INJ 11.3MG	114
<i>morphine sulfate beads cap er 24hr 120 mg</i>	7	<i>mycophenolate mofetil cap 250 mg</i>	143
.....	7	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	143
<i>morphine sulfate beads cap er 24hr 30 mg</i>	7	<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	143
<i>morphine sulfate beads cap er 24hr 45 mg</i>	7	<i>mycophenolate mofetil tab 500 mg</i>	143
<i>morphine sulfate beads cap er 24hr 60 mg</i>	7	<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	143
<i>morphine sulfate beads cap er 24hr 75 mg</i>	7	<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	143
<i>morphine sulfate beads cap er 24hr 90 mg</i>	7	MYFORTIC TAB 180MG	143
<i>morphine sulfate cap er 24hr 100 mg</i>	7	MYFORTIC TAB 360MG	143
<i>morphine sulfate cap er 24hr 10 mg</i>	7	MYRBETRIQ SUS 8MG/ML	131
<i>morphine sulfate cap er 24hr 20 mg</i>	7	MYRBETRIQ TAB 25MG	131
<i>morphine sulfate cap er 24hr 30 mg</i>	7	MYRBETRIQ TAB 50MG	131
<i>morphine sulfate cap er 24hr 50 mg</i>	7	N	
<i>morphine sulfate cap er 24hr 60 mg</i>	7	<i>nabumetone tab 500 mg</i>	2
<i>morphine sulfate cap er 24hr 80 mg</i>	7	<i>nabumetone tab 750 mg</i>	2
<i>morphine sulfate iv soln 10 mg/ml</i>	7	<i>nadolol tab 20 mg</i>	52
<i>morphine sulfate iv soln 4 mg/ml</i>	7	<i>nadolol tab 40 mg</i>	52
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	8	<i>nadolol tab 80 mg</i>	52
<i>morphine sulfate oral soln 10 mg/5ml</i>	8	<i>nafrinse drops</i>	147
<i>morphine sulfate oral soln 20 mg/5ml</i>	8	<i>naftifine hcl cream 1%</i>	165
<i>morphine sulfate tab 15 mg</i>	8	<i>naftifine hcl cream 2%</i>	165
<i>morphine sulfate tab 30 mg</i>	8	<i>nalbuphine hcl inj 10 mg/ml</i>	8
<i>morphine sulfate tab er 100 mg</i>	8	<i>nalbuphine hcl inj 20 mg/ml</i>	8
<i>morphine sulfate tab er 15 mg</i>	8	<i>naloxone hcl inj 0.4 mg/ml</i>	90
<i>morphine sulfate tab er 200 mg</i>	8	<i>naloxone hcl inj 4 mg/10ml</i>	90
<i>morphine sulfate tab er 30 mg</i>	8	<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	90
<i>morphine sulfate tab er 60 mg</i>	8	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	91
MOTOFEN TAB 1-0.025	124	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	91
MOVANTIK TAB 12.5MG	128	<i>naltrexone hcl tab 50 mg</i>	91
MOVANTIK TAB 25MG	128	<i>naproxen tab 250 mg</i>	2
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	150		

<i>naproxen tab 375 mg</i>	2	NEUPRO DIS 8MG/24HR.....	71
<i>naproxen tab 500 mg</i>	2	NEVANAC SUS 0.1% OP.....	151
<i>naratriptan hcl tab 1 mg (base equiv)</i>	86	<i>nevirapine susp 50 mg/5ml</i>	17
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	86	<i>nevirapine tab 200 mg</i>	17
NATACYN SUS 5% OP.....	150	<i>nevirapine tab er 24hr 100 mg</i>	17
NATAZIA TAB.....	110	<i>nevirapine tab er 24hr 400 mg</i>	17
<i>nateglinide tab 120 mg</i>	106	NEXIUM GRA 2.5MG DR.....	129
<i>nateglinide tab 60 mg</i>	106	NEXIUM GRA 5MG DR.....	129
NAYZILAM SPR 5MG.....	78	NEXPLANON IMP 68MG.....	110
<i>nebivolol hcl tab 10 mg (base equivalent)</i> ..	52	NEXTSTELLIS TAB 3-14.2MG.....	110
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	52	<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	50
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	52	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	50
<i>nebivolol hcl tab 5 mg (base equivalent)</i> ..	52	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	50
<i>necon 0.5/35-28</i>	110	<i>nicardipine hcl cap 20 mg</i>	54
<i>nefazodone hcl tab 100 mg</i>	68	<i>nicardipine hcl cap 30 mg</i>	54
<i>nefazodone hcl tab 150 mg</i>	68	<i>nicotine polacrilex gum 2 mg</i>	92
<i>nefazodone hcl tab 200 mg</i>	68	<i>nicotine polacrilex gum 4 mg</i>	92
<i>nefazodone hcl tab 250 mg</i>	68	<i>nicotine polacrilex lozenge 2 mg</i>	92
<i>nefazodone hcl tab 50 mg</i>	68	<i>nicotine step 3</i>	92
NEOCATE LIQ SPLASH.....	96	<i>nicotine td patch 24hr 14 mg/24hr</i>	92
NEOKE MCT70 POW.....	96	<i>nicotine td patch 24hr 21 mg/24hr</i>	92
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i> <i>400unt-10000unt op oin</i>	151	<i>nicotine td patch 24hr 7 mg/24hr</i>	92
<i>neomycin-polymy-gramicid op sol 1.75-</i> <i>10000-0.025mg-unt-mg/ml</i>	151	NICOTROL INH.....	92
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	150	NICOTROL NS SPR 10MG/ML.....	92
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	150	<i>nifedipine tab er 24hr 30 mg</i>	54
<i>neomycin-polymyxin-hc ophth susp</i>	150	<i>nifedipine tab er 24hr 60 mg</i>	54
<i>neomycin-polymyxin-hc otic soln 1%</i>	170	<i>nifedipine tab er 24hr 90 mg</i>	54
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	170	<i>nifedipine tab er 24hr osmotic release 30</i> <i>mg</i>	54
<i>neomycin sulfate tab 500 mg</i>	14	<i>nifedipine tab er 24hr osmotic release 60</i> <i>mg</i>	54
NEORAL CAP 100MG.....	143	<i>nifedipine tab er 24hr osmotic release 90</i> <i>mg</i>	54
NEORAL CAP 25MG.....	143	<i>nikki</i>	110
NEORAL SOL 100MG/ML.....	143	<i>nilutamide tab 150 mg</i>	34
NEPRO LIQ VANILLA.....	96	<i>nimodipine cap 30 mg</i>	55
NEUPRO DIS 1MG/24HR.....	71	NIPENT INJ 10MG.....	40
NEUPRO DIS 2MG/24HR.....	71	<i>nisoldipine tab er 24hr 17 mg</i>	55
NEUPRO DIS 3MG/24HR.....	71	<i>nisoldipine tab er 24hr 20 mg</i>	55
NEUPRO DIS 4MG/24HR.....	71	<i>nisoldipine tab er 24hr 25.5 mg</i>	55
NEUPRO DIS 6MG/24HR.....	71	<i>nisoldipine tab er 24hr 30 mg</i>	55
		<i>nisoldipine tab er 24hr 34 mg</i>	55

<i>nisoldipine tab er 24hr 40 mg</i>	55	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	110
<i>nisoldipine tab er 24hr 8.5 mg</i>	55	<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	110
<i>nitazoxanide tab 500 mg</i>	26	<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	111
<i>nitisinone cap 10 mg</i>	120	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	117
<i>nitisinone cap 2 mg</i>	120	<i>norethindrone acetate tab 5 mg</i>	122
<i>nitisinone cap 5 mg</i>	120	<i>norethindrone tab 0.35 mg</i>	111
NITRO-BID OIN 2%	58	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	111
NITRO-DUR DIS 0.3MG/HR.....	58	<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	111
NITRO-DUR DIS 0.8MG/HR.....	58	<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	111
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	26	NORPACE CAP 100MG CR	47
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	26	NORPACE CAP 150MG CR	47
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	26	<i>nortrel 0.5/35 (28)</i>	111
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	26	<i>nortrel 1/35</i>	111
<i>nitrofurantoin susp 25 mg/5ml</i>	26	<i>nortrel 7/7/7</i>	111
<i>nitroglycerin sl tab 0.3 mg</i>	58	<i>nortriptyline hcl cap 10 mg</i>	68
<i>nitroglycerin sl tab 0.4 mg</i>	58	<i>nortriptyline hcl cap 25 mg</i>	68
<i>nitroglycerin sl tab 0.6 mg</i>	58	<i>nortriptyline hcl cap 50 mg</i>	68
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	58	<i>nortriptyline hcl cap 75 mg</i>	68
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	58	<i>nortriptyline hcl soln 10 mg/5ml</i>	68
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	58	NORVIR POW 100MG.....	17
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	58	NORVIR SOL 80MG/ML.....	17
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	58	NOVASOURCE LIQ RENAL	97
NIVESTYM INJ 300/0.5.....	134	NOVAVAX VAC INJ COVID-19.....	145
NIVESTYM INJ 300MCG	134	NOVOFINE MIS 32GX6MM	113
NIVESTYM INJ 480/0.8.....	134	NOVOLIN INJ 70/30	105
NIVESTYM INJ 480MCG	134	NOVOLIN INJ 70/30 FP.....	105
<i>nizatidine cap 150 mg</i>	126	NOVOLIN N INJ 100 UNIT	105
<i>nizatidine cap 300 mg</i>	126	NOVOLIN N INJ U-100.....	105
<i>nora-be</i>	110	NOVOLIN R INJ 100 UNIT	105
NORDIPEN 5 MIS DEVICE	120	NOVOLIN R INJ U-100	105
NORDIPEN DEL MIS SYSTEM.....	120	NOVOLOG INJ 100/ML	105
NORDITROPIN INJ 10/1.5ML	120	NOVOLOG INJ FLEXPEN.....	105
NORDITROPIN INJ 15/1.5ML	120	NOVOLOG INJ PENFILL	105
NORDITROPIN INJ 30/3ML.....	120	NOVOLOG MIX INJ 70/30	105
NORDITROPIN INJ 5/1.5ML.....	120	NOVOLOG MIX INJ FLEXPEN.....	105
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	110	NUBEQA TAB 300MG	34
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	110	NUCYNTA ER TAB 100MG	9

NUCYNTA ER TAB 150MG	9	<i>octreotide acetate subcutaneous soln pref</i>	
NUCYNTA ER TAB 200MG	9	<i>syr 100 mcg/ml</i>	102
NUCYNTA ER TAB 250MG.....	9	<i>octreotide acetate subcutaneous soln pref</i>	
NUCYNTA ER TAB 50MG.....	9	<i>syr 500 mcg/ml</i>	102
NUCYNTA TAB 100MG.....	9	<i>octreotide acetate subcutaneous soln pref</i>	
NUCYNTA TAB 50MG	9	<i>syr 50 mcg/ml.....</i>	102
NUCYNTA TAB 75MG.....	9	ODEFSEY TAB	19
NUEDEXTA CAP 20-10MG	91	ODOMZO CAP 200MG	40
NULOJIX INJ 250MG	143	OFEV CAP 100MG	160
NUTRAMINE PAK.....	97	OFEV CAP 150MG	160
NUTREN 1.0 LIQ UNFLAVOR	97	<i>ofloxacin ophth soln 0.3%.....</i>	151
NUTREN 1.5 LIQ FIBER	97	<i>ofloxacin otic soln 0.3%</i>	170
NUTREN 2.0 LIQ VANILLA	97	<i>ofloxacin tab 300 mg.....</i>	24
NUTREN JR LIQ	97	<i>ofloxacin tab 400 mg.....</i>	24
NUTREN LIQ JUNIOR	97	<i>olanzapine for im inj 10 mg.....</i>	73
NUTREN RENAL LIQ	97	<i>olanzapine orally disintegrating tab 10 mg</i>	
NUTRIRENAL LIQ	97	.....	74
<i>nyamyc.....</i>	165	<i>olanzapine orally disintegrating tab 15 mg</i>	
<i>nylia 1/35</i>	111	.....	74
<i>nystatin cream 100000 unit/gm.....</i>	165	<i>olanzapine orally disintegrating tab 20 mg</i>	
<i>nystatin oint 100000 unit/gm</i>	165	.....	74
<i>nystatin susp 100000 unit/ml</i>	170	<i>olanzapine orally disintegrating tab 5 mg.....</i>	74
<i>nystatin tab 500000 unit</i>	15	<i>olanzapine tab 10 mg</i>	74
<i>nystatin topical powder 100000 unit/gm</i>	165	<i>olanzapine tab 15 mg</i>	74
<i>nystatin-triamcinolone cream 100000-0.1</i>		<i>olanzapine tab 2.5 mg</i>	74
<i>unit/gm-%</i>	165	<i>olanzapine tab 20 mg</i>	74
<i>nystatin-triamcinolone oint 100000-0.1</i>		<i>olanzapine tab 5 mg.....</i>	74
<i>unit/gm-%</i>	165	<i>olanzapine tab 7.5 mg</i>	74
<i>nystop.....</i>	165	<i>olmesartan-amlodipine-</i>	
NYVEPRIA INJ 6/0.6ML	134	<i>hydrochlorothiazide tab 20-5-12.5 mg..</i>	45
○		<i>olmesartan-amlodipine-</i>	
OA 2 POW	97	<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	45
ocella.....	111	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>hydrochlorothiazide tab 40-10-25 mg... </i>	45
<i>mg/ml)</i>	102	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>hydrochlorothiazide tab 40-5-12.5 mg..</i>	45
<i>mg/ml)</i>	102	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>hydrochlorothiazide tab 40-5-25 mg</i>	45
<i>mg/ml)</i>	102	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>hydrochlorothiazide tab 20-12.5 mg.....</i>	45
<i>mg/ml)</i>	102	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>hydrochlorothiazide tab 40-12.5 mg.....</i>	45
<i>mg/ml)</i>	102	<i>olmesartan medoxomil-</i>	
		<i>hydrochlorothiazide tab 40-25 mg</i>	45

<i>olmesartan medoxomil tab 20 mg</i>	46	ORAVIG TAB 50MG.....	170
<i>olmesartan medoxomil tab 40 mg</i>	46	ORENITRAM TAB 0.125MG	59
<i>olmesartan medoxomil tab 5 mg</i>	46	ORENITRAM TAB 0.25MG.....	59
<i>olopatadine hcl nasal soln 0.6%</i>	156	ORENITRAM TAB 1MG	59
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	152	ORENITRAM TAB 2.5MG	59
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	152	ORENITRAM TAB 5MG	59
<i>omega-3-acid ethyl esters cap 1 gm</i>	50	ORENITRAM TAB MONTH 1	59
<i>omeprazole cap delayed release 10 mg</i> ..	129	ORENITRAM TAB MONTH 2.....	59
<i>omeprazole cap delayed release 20 mg</i> ..	129	ORENITRAM TAB MONTH 3	59
<i>omeprazole cap delayed release 40 mg</i> ..	129	ORFADIN CAP 20MG	120
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	129	ORFADIN SUS 4MG/ML	120
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	129	ORLISSA TAB 150MG	113
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OMNIPOD 5 G6 KIT INTRO	113	ORKAMBI GRA 150-188	159
OMNIPOD 5 G6 MIS PODS	113	ORKAMBI GRA 75-94MG.....	158
OMNIPOD DASH KIT INTRO	113	ORKAMBI TAB 100-125.....	159
OMNIPOD DASH KIT PDM.....	113	ORKAMBI TAB 200-125.....	159
OMNIPOD DASH MIS PODS	113	<i>orphenadrine citrate inj 30 mg/ml</i>	89
OMNIPOD MIS CLASSIC	113	<i>orphenadrine citrate tab er 12hr 100 mg</i> ...	89
OMNIPOD PDM KIT CLASSIC	113	OS 2 POW.....	97
ONCASPAR INJ 750/ML	40	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	21
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	125	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	21
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	125	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	21
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	125	<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	21
<i>ondansetron hcl oral soln 4 mg/5ml</i>	125	<i>osmitrol viaflex</i>	56
<i>ondansetron hcl tab 24 mg</i>	125	OSMOLITE 1.2 LIQ CAL	98
<i>ondansetron hcl tab 4 mg</i>	125	OSMOLITE 1.5 LIQ CAL	98
<i>ondansetron hcl tab 8 mg</i>	125	OSMOLITE 1 LIQ CAL.....	97
<i>ondansetron orally disintegrating tab 4 mg</i>	125	OSMOLITE HN LIQ	98
<i>ondansetron orally disintegrating tab 8 mg</i>	125	OSMOLITE LIQ	98
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ONGENTYS CAP 50MG	71	OSPHENA TAB 60MG.....	121
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OPTIMENTAL LIQ.....	97	OTEZLA TAB 30MG.....	139
<i>oralone dental paste</i>	170	OVIDREL INJ	117
		<i>oxaliplatin for iv inj 100 mg</i>	41
		<i>oxaliplatin for iv inj 50 mg</i>	41
		<i>oxaliplatin iv soln 100 mg/20ml</i>	41
		<i>oxaliplatin iv soln 50 mg/10ml</i>	41

<i>oxandrolone tab 10 mg</i>	103	<i>oxymorphone hcl tab er 12hr 20 mg</i>	12
<i>oxandrolone tab 2.5 mg</i>	103	<i>oxymorphone hcl tab er 12hr 30 mg</i>	12
<i>oxaprozin tab 600 mg</i>	2	<i>oxymorphone hcl tab er 12hr 40 mg</i>	12
<i>oxazepam cap 10 mg</i>	62	<i>oxymorphone hcl tab er 12hr 5 mg</i>	11
<i>oxazepam cap 15 mg</i>	62	<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	11
<i>oxazepam cap 30 mg</i>	62	OZEMPIC INJ 2/1.5ML	104
<i>oxcarbazepine susp 300 mg/5ml (60</i> <i>mg/ml)</i>	78	OZEMPIC INJ 2MG/3ML	104
<i>oxcarbazepine tab 150 mg</i>	78	OZEMPIC INJ 4MG/3ML	104
<i>oxcarbazepine tab 300 mg</i>	78	OZEMPIC INJ 8MG/3ML	104
<i>oxcarbazepine tab 600 mg</i>	78	P	
OXEPA 1.5 LIQ	98	<i>pacerone</i>	47
OXEPA LIQ	98	<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	32
<i>oxiconazole nitrate cream 1%</i>	165	<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	32
<i>oxybutynin chloride solution 5 mg/5ml</i>	131	<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	32
<i>oxybutynin chloride tab 5 mg</i>	131	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i> ...32	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	131	<i>paclitaxel protein-bound particles for iv</i> <i>susp 100 mg</i>	32
<i>oxybutynin chloride tab er 24hr 15 mg</i>	131	<i>paliperidone tab er 24hr 1.5 mg</i>	74
<i>oxybutynin chloride tab er 24hr 5 mg</i>	131	<i>paliperidone tab er 24hr 3 mg</i>	74
<i>oxycodone hcl cap 5 mg</i>	9	<i>paliperidone tab er 24hr 6 mg</i>	74
<i>oxycodone hcl conc 100 mg/5ml (20</i> <i>mg/ml)</i>	9	<i>paliperidone tab er 24hr 9 mg</i>	74
<i>oxycodone hcl soln 5 mg/5ml</i>	10	<i>pamidronate disodium iv soln 3 mg/ml</i> ...107	
<i>oxycodone hcl tab 10 mg</i>	10	PANDA MASK MIS PEDIATRI	160
<i>oxycodone hcl tab 15 mg</i>	10	<i>pantoprazole sodium ec tab 20 mg (base</i> <i>equiv)</i>	129
<i>oxycodone hcl tab 20 mg</i>	10	<i>pantoprazole sodium ec tab 40 mg (base</i> <i>equiv)</i>	129
<i>oxycodone hcl tab 30 mg</i>	10	PARAGARD IUD T380A	111
<i>oxycodone hcl tab 5 mg</i>	10	<i>paraplatin</i>	41
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	10	<i>paricalcitol cap 1 mcg</i>	149
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	10	<i>paricalcitol cap 2 mcg</i>	149
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	10	<i>paricalcitol cap 4 mcg</i>	149
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	10	<i>paromomycin sulfate cap 250 mg</i>	14
<i>oxycodone w/ acetaminophen tab 10-325</i> <i>mg</i>	11	<i>paroxetine hcl tab 10 mg</i>	68
<i>oxycodone w/ acetaminophen tab 2.5-325</i> <i>mg</i>	11	<i>paroxetine hcl tab 20 mg</i>	68
<i>oxycodone w/ acetaminophen tab 5-325</i> <i>mg</i>	11	<i>paroxetine hcl tab 30 mg</i>	68
<i>oxycodone w/ acetaminophen tab 7.5-325</i> <i>mg</i>	11	<i>paroxetine hcl tab 40 mg</i>	68
<i>oxymorphone hcl tab 10 mg</i>	11	<i>paroxetine hcl tab er 24hr 12.5 mg</i>	68
<i>oxymorphone hcl tab 5 mg</i>	11	<i>paroxetine hcl tab er 24hr 25 mg</i>	68
<i>oxymorphone hcl tab er 12hr 10 mg</i>	11	<i>paroxetine hcl tab er 24hr 37.5 mg</i>	68
<i>oxymorphone hcl tab er 12hr 15 mg</i>	11	PASER GRA 4GM	20

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PEDIASURE EN LIQ /FIBER.....	98	<i>perlogard</i>	170
PEDIASURE LIQ PEPTIDE	98	<i>permethrin cream 5%</i>	169
PEDVAX HIB INJ.....	145	<i>perphenazine-amitriptyline tab 2-10 mg</i> ...	91
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i>		<i>perphenazine-amitriptyline tab 2-25 mg</i> ...	91
<i>soln 236 gm</i>	127	<i>perphenazine-amitriptyline tab 4-10 mg</i> ...	91
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-</i>		<i>perphenazine-amitriptyline tab 4-25 mg</i> ...91	
<i>c for soln 100 gm</i>	127	<i>perphenazine-amitriptyline tab 4-50 mg</i> ...91	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i>		<i>perphenazine tab 16 mg</i>	74
<i>gm</i>	127	<i>perphenazine tab 2 mg</i>	74
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PEGASYS INJ 180MCG/M	25	<i>perphenazine tab 8 mg</i>	74
PEG-PREP KIT	127	PFD 2 POW	99
<i>pemetrexed disodium for iv soln 100 mg</i>		PFIZER 5-11Y INJ 2023-24.....	145
<i>(base equiv)</i>	31	PFIZER 6M-4Y INJ 2023-24.....	145
<i>pemetrexed disodium for iv soln 500 mg</i>		<i>pfizerpen</i>	28
<i>(base equiv)</i>	31	PHENACTIN AA LIQ PLUS	99
<i>penciclovir cream 1%</i>	169	<i>phenelzine sulfate tab 15 mg</i>	68
<i>penicillamine tab 250 mg</i>	108	PHENEX-1 POW.....	99
<i>penicillin g potassium for inj 20000000 unit</i>		PHENEX-2 POW	99
.....	28	<i>phenobarbital elixir 20 mg/5ml</i>	78
<i>penicillin g potassium for inj 5000000 unit</i>		<i>phenobarbital tab 100 mg</i>	79
.....	28	<i>phenobarbital tab 15 mg</i>	78
<i>penicillin g sodium for inj 5000000 unit</i> ...	28	<i>phenobarbital tab 16.2 mg</i>	78
<i>penicillin v potassium for soln 125 mg/5ml</i>		<i>phenobarbital tab 30 mg</i>	78
.....	28	<i>phenobarbital tab 32.4 mg</i>	78
<i>penicillin v potassium for soln 250 mg/5ml</i>		<i>phenobarbital tab 60 mg</i>	78
.....	28	<i>phenobarbital tab 64.8 mg</i>	78
<i>penicillin v potassium tab 250 mg</i>	28	<i>phenobarbital tab 97.2 mg</i>	78
<i>penicillin v potassium tab 500 mg</i>	28	<i>phenoxybenzamine hcl cap 10 mg</i>	58
PENTACEL INJ.....	145	PHENYLADE60 POW	99
<i>pentamidine isethionate for inj soln 300 mg</i>		<i>phenylephrine hcl ophth soln 10%</i>	153
.....	26	<i>phenylephrine hcl ophth soln 2.5%</i>	153
<i>pentamidine isethionate for nebulization</i>		PHENYL-FREE POW 2.....	99
<i>soln 300 mg</i>	26	<i>phenytoin infatabs</i>	79
<i>pentoxifylline tab er 400 mg</i>	135	<i>phenytoin sodium extended cap 100 mg</i> .79	
PEPTAMEN LIQ PREBIO1.....	98	<i>phenytoin sodium extended cap 200 mg</i> .79	
PEPTAMEN LIQ UNFLAVOR.....	98	<i>phenytoin sodium extended cap 300 mg</i> .79	
PEPTINEX DT LIQ.....	98	<i>phenytoin sodium inj 50 mg/ml</i>	79
PEPTINEX DT LIQ VANILLA.....	98	<i>phenytoin susp 125 mg/5ml</i>	79
PERATIVE LIQ.....	99	PHEXXI GEL.....	130
PERIFLEX POW ADVANCE	99	PHOSLYRA SOL.....	121
<i>perindopril erbumine tab 2 mg</i>	43	PHOSPHOLINE SOL 0.125%OP.....	152
<i>perindopril erbumine tab 4 mg</i>	43	PHOTOFRIN INJ 75MG	40

<i>physiolyte</i>	153	<i>polyethylene glycol 3350 oral powder 17</i>	
<i>physiosol irrigation</i>	153	<i>gm/scoop</i>	127
<i>phytonadione tab 5 mg</i>	149	<i>polymyxin b sulfate for inj 500000 unit</i>	26
<i>pilocarpine hcl ophth soln 1%</i>	152	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>pilocarpine hcl tab 5 mg</i>	170	<i>10000 unit/ml-0.1%</i>	151
<i>pilocarpine hcl tab 7.5 mg</i>	170	POMALYST CAP 1MG.....	32
<i>pimecrolimus cream 1%</i>	166	POMALYST CAP 2MG	32
<i>pimozide tab 1 mg</i>	91	POMALYST CAP 3MG	33
<i>pimozide tab 2 mg</i>	91	POMALYST CAP 4MG	33
<i>pindolol tab 10 mg</i>	52	PORTAGEN POW	99
<i>pindolol tab 5 mg</i>	52	<i>portia-28</i>	111
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>		<i>posaconazole susp 40 mg/ml</i>	15
.....	106	<i>posaconazole tab delayed release 100 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>		.....	15
.....	106	<i>potassium chloride cap er 10 meq</i>	147
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		<i>potassium chloride cap er 8 meq</i>	147
<i>mg</i>	106	<i>potassium chloride inj 2 meq/ml</i>	148
<i>pioglitazone hcl-metformin hcl tab 15-850</i>		<i>potassium chloride microencapsulated crys</i>	
<i>mg</i>	106	<i>er tab 10 meq</i>	147
<i>pioglitazone hcl tab 15 mg (base equiv)</i> ..	106	<i>potassium chloride microencapsulated crys</i>	
<i>pioglitazone hcl tab 30 mg (base equiv)</i> .	106	<i>er tab 20 meq</i>	147
<i>pioglitazone hcl tab 45 mg (base equiv)</i> .	106	<i>potassium chloride oral soln 10% (20</i>	
<i>piperacillin sod-tazobactam na for inj 3.375</i>		<i>meq/15ml)</i>	147
<i>gm (3-0.375 gm)</i>	28	<i>potassium chloride oral soln 20% (40</i>	
<i>piperacillin sod-tazobactam sod for inj 2.25</i>		<i>meq/15ml)</i>	147
<i>gm (2-0.25 gm)</i>	28	<i>potassium chloride tab er 10 meq</i>	147
<i>piperacillin sod-tazobactam sod for inj 40.5</i>		<i>potassium chloride tab er 20 meq (1500</i>	
<i>gm (36-4.5 gm)</i>	28	<i>mg)</i>	147
<i>pirfenidone cap 267 mg</i>	160	<i>potassium chloride tab er 8 meq (600 mg)</i>	
<i>pirfenidone tab 267 mg</i>	160	.....	147
<i>pirfenidone tab 801 mg</i>	160	<i>potassium citrate tab er 10 meq (1080 mg)</i>	
<i>piroxicam cap 10 mg</i>	2	.....	131
<i>piroxicam cap 20 mg</i>	2	<i>potassium citrate tab er 15 meq (1620 mg)</i>	
PIVOT LIQ 1.5 CAL	99	.....	131
PKU EXPLORE5 POW UNFLAVOR	99	<i>potassium citrate tab er 5 meq (540 mg)</i> 131	
PLENVU SOL	127	PPA/MMA POW EXPRESS	99
PNEUMOVAX 23 INJ 25/0.5	145	PRADAXA CAP 110MG	133
<i>pnv-dha</i>	148	PRADAXA CAP 75MG	133
<i>pnv-select</i>	148	PRALUENT INJ 150MG/ML	51
<i>podofilox soln 0.5%</i>	169	PRALUENT INJ 75MG/ML.....	51
POLIVY INJ 140MG	32	<i>pramipexole dihydrochloride tab 0.125 mg</i>	
POLIVY INJ 30MG.....	32	.....	71
<i>polycin</i>	151	<i>pramipexole dihydrochloride tab 0.25 mg</i> 71	
		<i>pramipexole dihydrochloride tab 0.5 mg</i> ..	71

<i>pramipexole dihydrochloride tab 0.75 mg</i>	71	<i>prednisone oral soln 5 mg/5ml</i>	119
<i>pramipexole dihydrochloride tab 1.5 mg</i>	71	<i>prednisone tab 10 mg</i>	119
<i>pramipexole dihydrochloride tab 1 mg</i>	71	<i>prednisone tab 1 mg</i>	119
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>prednisone tab 2.5 mg</i>	119
<i>0.375 mg</i>	71	<i>prednisone tab 20 mg</i>	119
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>prednisone tab 50 mg</i>	119
<i>0.75 mg</i>	71	<i>prednisone tab 5 mg</i>	119
<i>pramipexole dihydrochloride tab er 24hr 1.5</i>		<i>prednisone tab therapy pack 10 mg (21)</i>	119
<i>mg</i>	71	<i>prednisone tab therapy pack 10 mg (48)</i>	119
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>prednisone tab therapy pack 5 mg (21)</i>	119
<i>2.25 mg</i>	71	<i>prednisone tab therapy pack 5 mg (48)</i>	119
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>PRED SOD PHO SOL 1% OP</i>	151
<i>3.75 mg</i>	71	<i>pregabalin cap 100 mg</i>	79
<i>pramipexole dihydrochloride tab er 24hr 3</i>		<i>pregabalin cap 150 mg</i>	79
<i>mg</i>	71	<i>pregabalin cap 200 mg</i>	79
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>pregabalin cap 225 mg</i>	79
<i>4.5 mg</i>	71	<i>pregabalin cap 25 mg</i>	79
<i>prasugrel hcl tab 10 mg (base equiv)</i>	136	<i>pregabalin cap 300 mg</i>	79
<i>prasugrel hcl tab 5 mg (base equiv)</i>	135	<i>pregabalin cap 50 mg</i>	79
<i>pravastatin sodium tab 10 mg</i>	49	<i>pregabalin cap 75 mg</i>	79
<i>pravastatin sodium tab 20 mg</i>	49	<i>pregabalin soln 20 mg/ml</i>	79
<i>pravastatin sodium tab 40 mg</i>	49	<i>PREHEVBRIO SUS 10MCG/ML</i>	146
<i>pravastatin sodium tab 80 mg</i>	49	<i>PREMARIN TAB 0.3MG</i>	117
<i>praziquantel tab 600 mg</i>	14	<i>PREMARIN TAB 0.45MG</i>	117
<i>prazosin hcl cap 1 mg</i>	44	<i>PREMARIN TAB 0.625MG</i>	117
<i>prazosin hcl cap 2 mg</i>	44	<i>PREMARIN TAB 0.9MG</i>	117
<i>prazosin hcl cap 5 mg</i>	44	<i>PREMARIN TAB 1.25MG</i>	117
<i>PRED-G SUS OP</i>	150	<i>PREMARIN VAG CRE 0.625MG</i>	117
<i>prednicarbate oint 0.1%</i>	168	<i>prenatal 19</i>	148
<i>prednisolone acetate ophth susp 1%</i>	151	<i>prevalite</i>	47
<i>prednisolone sodium phosphate oral soln</i>		<i>PREVNAR 13 INJ</i>	146
<i>25 mg/5ml (base eq)</i>	119	<i>PREVNAR 20 INJ</i>	146
<i>prednisolone sod phos orally disintegr tab</i>		<i>PREZCOBIX TAB 800-150</i>	19
<i>10 mg (base eq)</i>	119	<i>PREZISTA SUS 100MG/ML</i>	17
<i>prednisolone sod phos orally disintegr tab</i>		<i>PREZISTA TAB 150MG</i>	17
<i>15 mg (base eq)</i>	119	<i>PREZISTA TAB 600MG</i>	17
<i>prednisolone sod phos orally disintegr tab</i>		<i>PREZISTA TAB 75MG</i>	17
<i>30 mg (base eq)</i>	119	<i>PREZISTA TAB 800MG</i>	17
<i>prednisolone sod phosphate oral soln 15</i>		<i>PRIFTIN TAB 150MG</i>	20
<i>mg/5ml (base equiv)</i>	119	<i>primaquine phosphate tab 26.3 mg (15 mg</i>	
<i>prednisolone sod phosph oral soln 6.7</i>		<i>base)</i>	16
<i>mg/5ml (5 mg/5ml base)</i>	119	<i>primidone tab 250 mg</i>	79
<i>prednisolone soln 15 mg/5ml</i>	119	<i>primidone tab 50 mg</i>	79
<i>PREDNISON CON 5MG/ML</i>	119	<i>PRIORIX INJ</i>	146

<i>probenecid tab 500 mg</i>	1
<i>procainamide hcl inj 100 mg/ml</i>	47
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	125
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	125
<i>prochlorperazine suppos 25 mg</i>	125
<i>proctozone-hc</i>	129
<i>progesterone cap 100 mg</i>	122
<i>progesterone cap 200 mg</i>	122
PROGRAF CAP 0.5MG.....	143
PROGRAF CAP 1MG.....	143
PROGRAF CAP 5MG	143
PROGRAF GRA 0.2MG.....	143
PROGRAF GRA 1MG.....	143
PROGRAF INJ 5MG/ML.....	143
PROLASTIN-C INJ 1000MG.....	153
PROLIA INJ 60MG/ML	121
PROMACTIN AA SUS PLUS.....	99
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	158
<i>promethazine hcl inj 25 mg/ml</i>	125
<i>promethazine hcl inj 50 mg/ml</i>	125
<i>promethazine hcl suppos 12.5 mg</i>	125
<i>promethazine hcl suppos 25 mg</i>	125
<i>promethazine hcl syrup 6.25 mg/5ml</i>	125
<i>promethazine hcl tab 12.5 mg</i>	125
<i>promethazine hcl tab 25 mg</i>	125
<i>promethazine hcl tab 50 mg</i>	125
<i>promethazine vc</i>	157
<i>promethazine vc/codeine</i>	158
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	158
<i>promethegan</i>	125
PROMOTE/ LIQ FIBER	100
PROMOTE 1.0 LIQ W/ FIBER	99
PROMOTE LIQ VANILLA	99
PROMOTE W/FB LIQ VANILLA	100
PROMOTE W/ LIQ FIBER	100
<i>propafenone hcl cap er 12hr 225 mg</i>	47
<i>propafenone hcl cap er 12hr 325 mg</i>	47
<i>propafenone hcl cap er 12hr 425 mg</i>	47
<i>propafenone hcl tab 150 mg</i>	47
<i>propafenone hcl tab 225 mg</i>	47
<i>propafenone hcl tab 300 mg</i>	47
<i>proparacaine hcl ophth soln 0.5%</i>	153
PRO-PHREE POW	99
PROPIMEX-1 POW	100
PROPIMEX-2 POW.....	100
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<i>terconazole vaginal cream 0.8%</i>	132	<i>timolol maleate ophth soln 0.25%</i>	153
<i>terconazole vaginal suppos 80 mg</i>	132	<i>timolol maleate ophth soln 0.5%</i>	152
<i>teriflunomide tab 14 mg</i>	88	<i>timolol maleate ophth soln 0.5% (once-</i>	
<i>teriflunomide tab 7 mg</i>	88	<i>daily)</i>	153
<i>testosterone cypionate im inj in oil 100</i>		<i>timolol maleate tab 10 mg</i>	52
<i>mg/ml</i>	103	<i>timolol maleate tab 20 mg</i>	53
<i>testosterone cypionate im inj in oil 200</i>		<i>timolol maleate tab 5 mg</i>	52
<i>mg/ml</i>	103	<i>tinidazole tab 250 mg</i>	14
<i>testosterone enanthate im inj in oil 200</i>		<i>tinidazole tab 500 mg</i>	14
<i>mg/ml</i>	103	<i>tiotropium bromide monohydrate inhal cap</i>	
<i>testosterone td gel 10mg/act (2%)</i>	103	18 mcg (base equiv)	154
<i>testosterone td gel 25 mg/2.5gm (1%)</i> ...	103	TIVICAY PD TAB 5MG.....	18
<i>tetrabenazine tab 12.5 mg</i>	87	TIVICAY TAB 10MG	18
<i>tetrabenazine tab 25 mg</i>	88	TIVICAY TAB 25MG.....	18
<i>tetracycline hcl cap 250 mg</i>	29	TIVICAY TAB 50MG.....	18
<i>tetracycline hcl cap 500 mg</i>	29	<i>tizanidine hcl tab 2 mg (base equivalent)</i> .89	
THALOMID CAP 100MG.....	33	<i>tizanidine hcl tab 4 mg (base equivalent)</i> .89	
THALOMID CAP 150MG.....	33	TOBRADEX OIN 0.3-0.1%	150
THALOMID CAP 200MG.....	33	TOBRADEX ST SUS 0.3-0.05.....	150
THALOMID CAP 50MG	33	<i>tobramycin-dexamethasone ophth susp</i>	
<i>theophylline elixir 80 mg/15ml</i>	162	0.3-0.1%.....	150
<i>theophylline soln 80 mg/15ml</i>	162	<i>tobramycin nebu soln 300 mg/4ml</i>	159
<i>theophylline tab er 12hr 300 mg</i>	162	<i>tobramycin nebu soln 300 mg/5ml</i>	159

<i>tobramycin ophth soln 0.3%</i>	151	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	43
<i>tobramycin sulfate for inj 1.2 gm</i>	15	<i>tranexamic acid iv soln 1000 mg/10ml (100</i> <i>mg/ml)</i>	135
<i>tobramycin sulfate inj 2 gm/50ml (40</i> <i>mg/ml) (base equiv)</i>	15	<i>tranexamic acid tab 650 mg</i>	135
<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i>	15	<i>tranylcypromine sulfate tab 10 mg</i>	69
TODAY SPONGE MIS	130	<i>travoprost ophth soln 0.004%</i> <i>(benzalkonium free) (bak free)</i>	153
TOLEREX POW	101	<i>trazodone hcl tab 100 mg</i>	69
<i>tolmetin sodium cap 400 mg</i>	2	<i>trazodone hcl tab 150 mg</i>	69
<i>tolmetin sodium tab 600 mg</i>	2	<i>trazodone hcl tab 300 mg</i>	69
<i>tolterodine tartrate cap er 24hr 2 mg</i>	131	<i>trazodone hcl tab 50 mg</i>	69
<i>tolterodine tartrate cap er 24hr 4 mg</i>	131	TRECTOR TAB 250MG	20
<i>tolterodine tartrate tab 1 mg</i>	131	TRELEGY AER 100MCG	154
<i>tolterodine tartrate tab 2 mg</i>	131	TRELEGY AER 200MCG	154
<i>tolvaptan tab 15 mg</i>	121	TREMFYA INJ 100MG/ML	141
<i>tolvaptan tab 30 mg</i>	121	TRESIBA FLEX INJ 100UNIT.....	105
<i>topiramate sprinkle cap 15 mg</i>	79	TRESIBA FLEX INJ 200UNIT	105
<i>topiramate sprinkle cap 25 mg</i>	79	TRESIBA INJ 100UNIT.....	106
<i>topiramate tab 100 mg</i>	79	<i>tretinoin cap 10 mg</i>	40
<i>topiramate tab 200 mg</i>	79	<i>tretinoin cream 0.025%</i>	163
<i>topiramate tab 25 mg</i>	79	<i>tretinoin cream 0.05%</i>	163
<i>topiramate tab 50 mg</i>	79	<i>tretinoin cream 0.1%</i>	163
<i>topotecan hcl for inj 4 mg (base equiv)</i>	42	<i>tretinoin gel 0.01%</i>	163
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>tretinoin gel 0.025%</i>	164
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>tretinoin gel 0.05%</i>	163
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>tretinoin microsphere gel 0.04%</i>	164
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>tretinoin microsphere gel 0.1%</i>	164
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamcinolone acetonide cream 0.025%</i>	168
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamcinolone acetonide cream 0.1%</i>	168
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamcinolone acetonide cream 0.5%</i>	168
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamcinolone acetonide dental paste 0.1%</i>	170
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamcinolone acetonide lotion 0.025%</i> ..	168
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamcinolone acetonide lotion 0.1%</i>	168
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamcinolone acetonide nasal aerosol</i> <i>suspension 55 mcg/act</i>	160
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamcinolone acetonide oint 0.025%</i>	168
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamcinolone acetonide oint 0.1%</i>	168
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamcinolone acetonide oint 0.5%</i>	168
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	57
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34	<i>triamterene & hydrochlorothiazide tab 37.5-</i> <i>25 mg</i>	57
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	34		

<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	57	TRULICITY INJ 3/0.5	105
<i>triamterene cap 100 mg</i>	57	TRULICITY INJ 4.5/0.5	105
<i>triamterene cap 50 mg</i>	57	TRUMENBA INJ	146
<i>triazolam tab 0.125 mg</i>	85	TRUSTEX/RIA MIS NON-LUB	111
<i>triazolam tab 0.25 mg</i>	85	TRUSTX NON-9 MIS RIB/STUD	111
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	75	TUKYSA TAB 150MG	39
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	75	TUKYSA TAB 50MG.....	39
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	75	TUZISTRA XR SUS	158
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	75	TWINRIX INJ	146
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<i>trihexyphenidyl hcl tab 2 mg</i>	72	TYBLUME CHW 0.1-0.02	111
<i>trihexyphenidyl hcl tab 5 mg</i>	72	TYBOST TAB 150MG	18
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<i>tri-linyah</i>	111	TYREX-1 POW	101
<i>trimethobenzamide hcl cap 300 mg</i>	125	TYREX-2 POW	101
<i>trimethoprim tab 100 mg</i>	26	TYROS 2 POW	101
<i>trimipramine maleate cap 100 mg</i>	69	TYSABRI INJ 300/15ML.....	88
<i>trimipramine maleate cap 25 mg</i>	69	TYVASO REFIL SOL 0.6MG/ML.....	59
<i>trimipramine maleate cap 50 mg</i>	69	TYVASO SOL 0.6MG/ML	59
<i>trinate</i>	149	TYVASO START SOL 0.6MG/ML.....	59
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TRINTELLIX TAB 20MG	69	UBRELVY TAB 100MG	87
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<i>tropicamide ophth soln 0.5%</i>	153	UPTRAVI PACK TAB 200/800	60
<i>tropicamide ophth soln 1%</i>	153	UPTRAVI TAB 1000MCG	60
<i>trospium chloride cap er 24hr 60 mg</i>	132	UPTRAVI TAB 1200MCG.....	60
<i>trospium chloride tab 20 mg</i>	132	UPTRAVI TAB 1400MCG.....	60
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TRULICITY INJ 1.5/0.5.....	104	UPTRAVI TAB 200MCG	60
		UPTRAVI TAB 400MCG	60
		UPTRAVI TAB 600MCG	60
		UPTRAVI TAB 800MCG	60
		<i>urinary pain relief</i>	131
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valganciclovir hcl tab 450 mg (base equivalent)	21
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venlafaxine hcl cap er 24hr 75 mg (base equivalent)	69
venlafaxine hcl tab 100 mg (base equivalent)	69
venlafaxine hcl tab 25 mg (base equivalent)	69
venlafaxine hcl tab 37.5 mg (base equivalent)	69
venlafaxine hcl tab 50 mg (base equivalent)	69
venlafaxine hcl tab 75 mg (base equivalent)	69
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	69
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	69
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<i>verapamil hcl cap er 24hr 120 mg</i>	55	VITRAKVI SOL 20MG/ML	39
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<i>verapamil hcl cap er 24hr 240 mg</i>	55	<i>voriconazole for susp 40 mg/ml</i>	15
<i>verapamil hcl cap er 24hr 300 mg</i>	55	<i>voriconazole tab 200 mg</i>	15
<i>verapamil hcl cap er 24hr 360 mg</i>	55	<i>voriconazole tab 50 mg</i>	15
<i>verapamil hcl tab 120 mg</i>	55	VOSEVI TAB	25
<i>verapamil hcl tab 40 mg</i>	55	VOTRIENT TAB 200MG.....	39
<i>verapamil hcl tab 80 mg</i>	55	VRAYLAR CAP 1.5-3MG.....	75
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<i>vilazodone hcl tab 40 mg</i>	70	VYVANSE CHW 30MG	84
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XCOPRI PAK 50-100MG	80	ZEJULA TAB 300MG.....	40
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<i>zolpidem tartrate tab 5 mg</i>85	ZUBSOLV SUB 2.9-0.7190
<i>zolpidem tartrate tab er 12.5 mg</i>85	ZUBSOLV SUB 5.7-1.490
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<i>zonisamide cap 25 mg</i>80	ZYDELIG TAB 150MG40
<i>zonisamide cap 50 mg</i>80	ZYKADIA TAB 150MG40
ZONTIVITY TAB 2.08MG136	ZYLET SUS 0.5-0.3%150

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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèè. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí așojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀ò 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀ùǐn, pò wuqu m̄ ḿ pòε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aaahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánałta' éi kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éi bikéé'dóo naasbaąs bił adidiilchil. Áká'anidaalwó'ígíí neidiitáągo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.